

IN THE UNITED STATES DISTRICT COURT  
FOR THE SOUTHERN DISTRICT OF ILLINOIS  
EAST ST. LOUIS DIVISION

DAVID ROBERT BEMZ (AS-03210)  
PLAINTIFF,

-VS-

DOCKET NO: 18-1064-DRH

MR. MULLHOLLAND,  
WILLIAM QUIGGS, SGT. MIKE MCCLURE,  
JASON FURLOW, MASON YANKEY,  
DEAN GROSS, KRISTA ALLSUP,  
DR. M. SIDDIQUI, DR. SHAH,  
N.P. MIKE MOLDENHAUER, JACQUELINE LASHBROOK,  
ALEX JONES, KELLY PIERCE,  
SGT. MR. JAMES, S/O ANDERSON,  
SHERRY BENTON, CHRISTA MAHNKEN,  
TAMERA TURNER, A.N. HOLLY HAWKINS,  
S/O T. SMITH (BADE #4349), K. MALE,  
DERRICK THREAGILL, DEDE SHORT,  
JASON WALLER, NURSE MISS. MEARS,  
CHRISTOPHE FRITSCH, MENARD CORRECTIONAL CENTER,  
WEXFORD HEALTH SERVICE,  
ILLINOIS DEPARTMENT OF CORRECTIONS,  
S/O JOHN DOE #1, S/O JOHN DOE #2,  
NURSE JANE DOE #5, NURSE JANE DOE #6,  
NURSE JANE DOE #7, NURSE JOHN DOE #8,  
NURSE JANE DOE #9, 1A LT. MAJOR JOHN DOE #10, AND  
UNIDENTIFIED JOHN AND JANE DOES, et al.,  
DEFENDANTS.

SCANNED AT MENARD and E-mailed  
5-4-18 by PS 159 pages  
date Initials No.

VERIFIED  
CIVIL RIGHTS ACT COMPLAINT  
TITLED 42, SECTION 1983 U.S. CODE

THIS IS A CIVIL RIGHTS COMPLAINT FILED BY, DAVID ROBERT BEMZ, PRO-SE, PLAINTIFF,  
A STATE OF ILLINOIS PRISONER, UNDER 42 U.S.C. SECTION 1983, ALLEGING A  
CIVIL CONSPIRACY IN CONJUNCTION WITH UNITED STATES CONSTITUTIONAL RIGHTS  
VIOLATIONS UNDER THE FIRST, EIGHTH, AND FOURTEENTH AMENDMENTS TO THE U.S.  
CONSTITUTION. THE PLAINTIFF ALSO ALLEGES THE TORT[S] OF NEGLIGENCE,  
INTENTIONAL INFLICTION OF EMOTIONAL DISTRESS, INTENTIONAL AND MALICIOUS ACTION,  
SLANDER, ASSAULT AND BATTERY, SEXUAL ASSAULT AND BATTERY, AND OTHER[S].

MUL  
1

## JURISDICTION

- ① THIS COURT HAS JURISDICTION OVER THE PLAINTIFF'S CLAIMS OF VIOLATIONS OF FEDERAL CONSTITUTIONAL RIGHTS UNDER 28 U.S.C. SECTION 1331 AND 1343;
- ② THIS COURT HAS SUPPLEMENTAL JURISDICTION OVER THE PLAINTIFF'S STATE LAW TORT CLAIMS UNDER 28 U.S.C. SECTION 1367;
- ③ THIS COURT HAS AUTHORITY PURSUANT TO 42 U.S.C. SECTION 1983 TO AWARD APPROPRIATE ACTUAL, CONSEQUENTIAL, COMPENSATORY, AND PUNITIVE DAMAGES, AND HAS AUTHORITY UNDER 42 U.S.C. SECTION 1988 TO AWARD ATTORNEY FEES AND COST TO SUCCESSFUL CIVIL RIGHTS PLAINTIFFS.

## PARTIES:

- ④ THE PLAINTIFF, DAVID ROBERT BENTZ, WAS/IS INCARCERATED AT THE MENARD CORRECTIONAL CENTER DURING THE EVENTS DESCRIBED WITHIN THIS COMPLAINT.
- ⑤ DEFENDANT, MULHOLLAND, IS A CORRECTIONAL OFFICER OF MENARD CORRECTIONAL CENTER, IS EMPLOYED AT MENARD CORRECTIONAL CENTER. HE IS SUED IN HIS INDIVIDUAL AND OFFICIAL CAPACITY.
- ⑥ DEFENDANT, WILLIAM QUALLS, IS A LIEUTENANT OF MENARD CORRECTIONAL CENTER, IS EMPLOYED AT MENARD CORRECTIONAL CENTER. HE IS SUED IN HIS INDIVIDUAL AND OFFICIAL CAPACITY.
- ⑦ DEFENDANTS, FURLOW, YANKEY AND D. GROSS, ARE CORRECTIONAL OFFICERS OF MENARD CORRECTIONAL CENTER, ARE EMPLOYED AT MENARD CORRECTIONAL CENTER. THEY ARE SUED IN THEIR INDIVIDUAL AND OFFICIAL CAPACITIES.
- ⑧ DEFENDANT, K. ALLSUP, IS A COUNSELOR OF MENARD CORRECTIONAL CENTER, IS EMPLOYED AT MENARD CORRECTIONAL CENTER. SHE IS SUED IN HER INDIVIDUAL AND OFFICIAL CAPACITY.
- ⑨ DEFENDANTS, DOCTOR M. SIDDIQUI, IS THE MEDICAL DIRECTOR OF MENARD CORRECTIONAL CENTER, IS EMPLOYED AT MENARD CORRECTIONAL CENTER THROUGH WEXFORD HEALTH SERVICE. HE IS SUED IN HIS INDIVIDUAL AND OFFICIAL CAPACITY.

- ⑩ DEFENDANT, DOCTOR, SHAM, IS A DOCTOR OF MENARD CORRECTIONAL CENTER, IS EMPLOYED AT MENARD CORRECTIONAL CENTER THROUGH WEXFORD HEALTH SERVICE. HE IS SUED IN HIS INDIVIDUAL AND OFFICIAL CAPACITY.
- ⑪ DEFENDANT, M.P., MIKE MOLDENHAUER, IS A NURSE PRACTITIONER OF MENARD CORRECTIONAL CENTER, IS EMPLOYED AT MENARD CORRECTIONAL CENTER THROUGH WEXFORD HEALTH SERVICE. HE IS SUED IN HIS INDIVIDUAL AND OFFICIAL CAPACITY.
- ⑫ DEFENDANT, J. LASHBROOK, IS THE CHIEF WARDEN OF MENARD CORRECTIONAL CENTER, IS EMPLOYED AT MENARD CORRECTIONAL CENTER. SHE IS SUED IN HER INDIVIDUAL AND OFFICIAL CAPACITY.
- ⑬ DEFENDANT, ALEX JONES, IS THE ASSISTANT WARDEN OF MENARD CORRECTIONAL CENTER, IS EMPLOYED AT MENARD CORRECTIONAL CENTER. HE IS SUED IN HIS INDIVIDUAL AND OFFICIAL CAPACITY.
- ⑭ DEFENDANT, KELLY PIERCE, IS A CORRECTIONAL OFFICER OF MENARD CORRECTIONAL CENTER, IS EMPLOYED AT MENARD CORRECTIONAL CENTER. SHE IS SUED IN HER INDIVIDUAL AND OFFICIAL CAPACITY.
- ⑮ DEFENDANT, SHERRY BENTON, IS A INMATE ISSUES OFFICER OF THE ILLINOIS DEPARTMENT OF CORRECTIONS, IS EMPLOYED WITH THE ILLINOIS DEPARTMENT OF CORRECTIONS. SHE IS SUED IN HER INDIVIDUAL AND OFFICIAL CAPACITY.
- ⑯ DEFENDANT'S, CHRISTA MAHNKEN AND TAMERA TURNER, ARE MEDICAL STAFF OF MENARD CORRECTIONAL CENTER, ARE EMPLOYED AT MENARD CORRECTIONAL CENTER THROUGH WEXFORD HEALTH SERVICE. THEY ARE SUED IN THEIR INDIVIDUAL AND OFFICIAL CAPACITIES.
- ⑰ DEFENDANT, R.N., HOLLY HAWKINS, IS NURSING SUPERVISOR OF MENARD CORRECTIONAL CENTER, IS EMPLOYED AT MENARD CORRECTIONAL CENTER THROUGH WEXFORD HEALTH SERVICE. SHE IS SUED IN HER INDIVIDUAL AND OFFICIAL CAPACITY.
- ⑱ DEFENDANT, MENARD CORRECTIONAL CENTER, IS A FACILITY LOCATED WITHIN THE STATE OF ILLINOIS OF THE ILLINOIS DEPARTMENT OF CORRECTIONS.
- ⑲ DEFENDANT, WEXFORD HEALTH SERVICE, IS UNDER CONTRACT TO PROVIDE MEDICAL CARE, FOR MENARD CORRECTIONAL CENTER AND/OR THE ILLINOIS DEPARTMENT OF CORRECTIONS, TO PRISONERS TO INCLUDE THIS PLAINTIFF.
- ⑳ DEFENDANT, THE ILLINOIS DEPARTMENT OF CORRECTIONS, OVERSEES FACILITIES SUCH AS MENARD CORRECTIONAL CENTER WITHIN THE STATE OF ILLINOIS.



21 DEFENDANT, §6, T. SMITH (BADGE #4349), IS AN ORANGE CRUSH (TACK) OFFICER OF BIG MUDDY RIVER CORRECTIONAL CENTER, IS EMPLOYED AT BIG MUDDY RIVER CORRECTIONAL CENTER. HE IS SUED IN HIS INDIVIDUAL AND OFFICIAL CAPACITY.

22 DEFENDANT, JOHN DOE #1, IS AN ORANGE CRUSH (TACK) OFFICER (HELMENT #6) BELIEVED TO BE §6 HOLDER OF MEMPHIS CORRECTIONAL CENTER, IS EMPLOYED AT MEMPHIS CORRECTIONAL CENTER. HE IS SUED IN HIS INDIVIDUAL AND OFFICIAL CAPACITY.

23 DEFENDANT'S, JASON WALLER, THREAD GILL, JOHN DOE #2, FRITSCH, AND DEDE SHORT, K. MAUE, ARE CORRECTIONAL OFFICERS/STAFF OF MEMPHIS CORRECTIONAL CENTER, ARE EMPLOYED AT MEMPHIS CORRECTIONAL CENTER. THEY ARE SUED IN THEIR INDIVIDUAL AND OFFICIAL CAPACITIES (TO INCLUDE UNIDENTIFIED JOHN AND JANE DOES, ETC.)

24 DEFENDANT'S, NURSE JANE DOE #5, AND NURSE JANE DOE #6, ARE NURSES OF MEMPHIS CORRECTIONAL CENTER (NU), ARE EMPLOYED AT MEMPHIS CORRECTIONAL CENTER THROUGH WEXFORD HEALTH SERVICE. THEY ARE SUED IN THEIR INDIVIDUAL AND OFFICIAL CAPACITIES.

25 DEFENDANT'S, NURSE JANE DOE #7 AND NURSE JOHN DOE #8, ARE NURSES AND/OR X-RAY TECHS OF MEMPHIS CORRECTIONAL CENTER, ARE EMPLOYED AT MEMPHIS CORRECTIONAL CENTER THROUGH WEXFORD HEALTH SERVICE. THEY ARE SUED IN THEIR INDIVIDUAL AND OFFICIAL CAPACITIES.

26 DEFENDANT, NURSE JANE DOE #9, IS A NURSE OF MEMPHIS CORRECTIONAL CENTER (NU-12/05/17, 7AM-3PM), IS EMPLOYED AT MEMPHIS CORRECTIONAL CENTER THROUGH WEXFORD HEALTH SERVICE. SHE IS SUED IN HER INDIVIDUAL AND OFFICIAL CAPACITY.

27 DEFENDANT, NURSE MISS MEARS (SU-03/30/18, 7AM-3PM), IS A NURSE OF MEMPHIS CORRECTIONAL CENTER, IS EMPLOYED AT MEMPHIS CORRECTIONAL CENTER THROUGH WEXFORD HEALTH SERVICE. SHE IS SUED IN HER INDIVIDUAL AND OFFICIAL CAPACITY.

27-A DEFENDANT, SGT. MR. JAMES, IS A SERGEANT AT MEMPHIS CORRECTIONAL CENTER, IS EMPLOYED AT MEMPHIS CORRECTIONAL CENTER. HE IS SUED IN HIS INDIVIDUAL AND OFFICIAL CAPACITY.

27-B DEFENDANT, §6 ANDERSON (TACK TEAM), IS A CORRECTIONAL OFFICER/TACK TEAM (ORANGE CRUSH) OF ~~MEMPHIS~~ VIAMITA CORRECTIONAL CENTER, WHO SHOOK PLAINTIFF'S CELL DOWN ~~(NU-6/12 MEMPHIS)~~ ON 11/30/17. HE/HER IS SUED IN THEIR INDIVIDUAL AND OFFICIAL CAPACITY.

27-C DEFENDANT, §6 LT/MAJOR, JOHN DOE #10, IS AN INTERNAL AFFAIRS OFFICER LT AND/OR MAJOR (YOUNG, SHORT HAIR, SKIN) (INTERVIEWED PLAINTIFF ON 12/07/17) OF MEMPHIS CORRECTIONAL CENTER, IS EMPLOYED AT MEMPHIS CORRECTIONAL CENTER. HE IS SUED IN HIS INDIVIDUAL AND OFFICIAL CAPACITY.

27-D DEFENDANT, SGT. MIKE MCCLURE, IS A SERGEANT AT MEMPHIS CORRECTIONAL CENTER, IS EMPLOYED AT MEMPHIS CORRECTIONAL CENTER. HE IS SUED IN HIS INDIVIDUAL AND OFFICIAL CAPACITY.



## COLOR OF STATE LAW/JOINDER

38 ALL THE DEFENDANTS HAVE ACTED, AND/OR CONTINUE TO ACT, UNDER COLOR OF STATE LAW AT ALL TIMES RELEVANT TO THIS COMPLAINT. THIS MULTI-CLAIM MULTI-DEFENDANT COMPLAINT IS PROPERLY JOINED WHERE THE CLAIMS DID ARISE FROM THE SAME FACTUAL SITUATION, WHERE THE CLAIMS AGAINST DEFENDANTS DID ALSO ARISE OUT OF THE SAME TRANSACTION, OCCURRENCE, OR SERIES OF TRANSACTIONS OR OCCURRENCES, AND WHERE A COMMON QUESTION OF LAW OR FACT DOES EXIST BETWEEN THE DEFENDANTS

## LAW SUITS

39 THIS PLAINTIFF CURRENTLY HAS A CIVIL ACTION IN FEDERAL COURT RELATED TO PLAINTIFF'S IMPRISONMENT AND IN THE SEVENTH (7<sup>th</sup>) CIRCUIT AS FOLLOWS:

- (A) BENTZ (V) FISCHER, #11-CV-3403, USDC/C.O.I.L. (SETTLED)
- (B) BENTZ (V) PALMER, #12-CV-1753, USDC/MOIL (DISMISSED)
- (C) BENTZ (V) GISH, #12-CV-1436, USDC/MOIL (DISMISSED)
- (D) BENTZ (V) HARDY, #12-CV-10426, USDC/MOIL (SETTLED)
- (E) BENTZ (V) BLETSOL, #13-CV-573, USDC/SOIL (PENDING)
- (F) BENTZ (V) HOWELL, #13-CV-1859, USDC/SOIL (SETTLED)
- (G) BENTZ (V) HUGHES, #13-CV-1280, USDC/SOIL (DISMISSED)
- (H) BENTZ (V) SMITH, #14-2437, 7<sup>th</sup> CIR. (SETTLED)
- (I) BENTZ (V) MALE, #14-CV-562, USDC/SOIL (PENDING)
- (J) BENTZ (V) BUTLER, #14-CV-996, USDC/SOIL (DISMISSED)
- (K) BENTZ (V) MITCHELLSON, #14-CV-1132, USDC/SOIL (SETTLED)
- (L) BENTZ (V) LINDEMANN, #15-CV-121, USDC/SOIL (PENDING)
- (M) BENTZ (V) GHOSH, #16-1697, 7<sup>th</sup> CIR. (WON)
- (N) BENTZ (V) HARDY, #15-1344, 7<sup>th</sup> CIR. (WON)
- (O) BENTZ (V) MALE, #16-CV-854, USDC/SOIL (PENDING)
- (P) BENTZ (V) GREGSON, #16-CV-1349, USDC/SOIL (PENDING)
- (Q) BENTZ (V) GREGSON, #17-CV-15, USDC/SOIL (PENDING)
- (R) BENTZ (V) MALE, #17-1729, 7<sup>th</sup> CIR. (WON)
- (S) BENTZ (V) GODINEZ, #17-CV-315, USDC/SOIL (PENDING)
- (T) BENTZ (V) QUALLS, #17-1728, 7<sup>th</sup> CIR. (PENDING)
- (U) BENTZ (V) HOPPENSTED, #17-CV-654, USDC/SOIL (PENDING)
- (V) BENTZ (V) THREACILL, #17-CV-1384, USDC/SOIL (PENDING)
- (W) BENTZ (V) LINDEMANN, #18-CV-16, USDC/SOIL (PENDING)
- (X) BENTZ (V) NEWBOLD, #18-CV-17, USDC/SOIL (PENDING)
- (Y) BENTZ (V) MCGLOTHLIN, #18-CV-18, USDC/SOIL (PENDING)
- (Z) BENTZ (V) GODINEZ, #18-1686, 7<sup>th</sup> CIR. (PENDING)
- (AA) BENTZ (V) GREGSON, #18-1273, 7<sup>th</sup> CIR. (PENDING)

## EXHAUSTION OF ADMINISTRATIVE REMEDIES

40 THIS PLAINTIFF HAS EXHAUSTED ALL AVAILABLE ADMINISTRATIVE REMEDIES AS TO THE EXTENT THEY WERE MADE AVAILABLE WITH RESPECT TO ALL CLAIMS AND DEFENDANTS (SEE'S) MUL 5

## STATEMENT OF CLAIMS

31 THIS IS A CIVIL RIGHTS COMPLAINT FILED BY, DAVID BENTZ, PRO-SE, A STATE OF ILLINOIS PRISONER UNDER 42 U.S.C. SECTION 1983, ALLEGING A CIVIL CONSPIRACY IN CONJUNCTION WITH UNITED STATES CONSTITUTIONAL RIGHTS VIOLATIONS UNDER THE FIRST, EIGHTH, AND FOURTEENTH AMENDMENTS. PLAINTIFF ALSO INVOKES THE SUPPLEMENTAL INDEPENDENT JURISDICTION OF THIS COURT. THE PLAINTIFF ALSO ALLEGES THE TORTS OF NEGLIGENCE, INTENTIONAL INFLICTION OF EMOTIONAL DISTRESS, INTENTIONAL AND MALICIOUS ACTION, SLANDER, ASSAULT AND BATTERY, SEXUAL ASSAULT, AND OTHER[S].

32 THE PLAINTIFF, BENTZ, IS A LONG TERM GENERAL POPULATION PRISONER CURRENTLY BEING HOUSED AT MENARD CORRECTIONAL CENTER, A MAXIMUM SECURITY FACILITY.

33 THE GRAVAMEN OF THIS MULTI-CLAIM COMPLAINT IS THAT BENTZ HAS BEEN CONSPICUOUSLY DEPRIVED RIGHTS AND PRIVILEGES, SUBJECTED TO CRUEL AND UNUSUAL PUNISHMENT (AND OTHER SUCH CONSTITUTIONAL AND STATE LAW DEPRIVATIONS) DUE TO THE DEFENDANTS DENIAL OF ADEQUATE MEDICAL CARE FOR PLAINTIFF'S BROKEN LEFT HAND RING FINGER, AND SAFETY ISSUES AS DESCRIBED WITHIN THIS COMPLAINT.

34 THE FIRST AMENDMENT PROTECTS A PRISONER'S RIGHT TO INER ALIA, THE FREEDOM OF EXPRESSION AND COMMUNICATION.

35 THE EIGHTH AMENDMENT, WHICH FORBIDS "CRUEL AND UNUSUAL PUNISHMENT," GOVERNS THE TREATMENT OF CONVICTED PRISONERS, DELIBERATE INDIFFERENCE TO SERIOUS MEDICAL NEEDS OF PRISONERS CONSTITUTES THE UNNECESSARY AND WANTON INFLICTION OF PAIN PROSCRIBED BY THE EIGHTH AMENDMENT.

36 THE FOURTEENTH AMENDMENT FORBIDS THE STATE TO DENY TO ANY PERSON WITHIN ITS JURISDICTION THE EQUAL PROTECTION OF LAW.

37 AS A CONVICTED-SENTENCED PRISONER, THE CONSTITUTION REQUIRES PRISON AUTHORITIES TO PROVIDE PRISONERS WITH REASONABLY ADEQUATE MEDICAL CARE, THAT IS, MEDICAL SERVICES AT A LEVEL REASONABLY COMMENSURATED WITH MODERN MEDICAL SCIENCE AND OF A QUALITY ACCEPTABLE WITH PRUDENT PROFESSIONAL STANDARDS.

38 THERE EXIST A PATTERN OF CONDUCT AMONGST CERTAIN DEFENDANTS' SHOWING A CIVIL CONSPIRACY TO DEPRIVE PRISONERS, HOUSED AT MENARD CORRECTIONAL CENTER, TO INCLUDE PLAINTIFF BENTZ, OF ACCESS TO REASONABLE ADEQUATE HEALTH CARE SERVICES, AND RETALIATION FOR FILING LAW SUITS AND GRIEVANCES.

39 BENTZ WILL PROVIDE EVIDENCE AT TRIAL TO SUBSTANTIATE HIS CIVIL CONSPIRACY CLAIM THAT, IN FACT, SPECIFIC DEFENDANTS' HAVE BEEN DELIBERATELY INDIFFERENT TO BENTZ'S SERIOUS MEDICAL HEALTH NEEDS BY ① DENIAL OR DELAY OF ACCESS TO TREATMENT; ② FAILURE TO INQUIRE INTO ESSENTIAL FACTS THAT ARE NECESSARY TO MAKE A PROFESSIONAL JUDGMENT; ③ INTERFERENCE WITH MEDICAL JUDGMENT BY FACTORS UNRELATED TO PLAINTIFF'S SERIOUS MEDICAL NEEDS; ④ TO DENY MEDICAL CARE IN AN EFFORT TO COVER UP THE INJURY SUSTAINED BY THE SAFETY ISSUE OF NO HANDLES ON THE INSIDE OF CELL DOORS TO OPEN AND CLOSE THE DOOR FROM THE INSIDE OF THE CELL[S].

40 THE PERSONS NAMED IN THIS ACTION ABSOLUTELY DO NOT HAVE IMUNITY, WHEN THEY INFRINGE THE CONSTITUTIONAL AUTHORITY THAT PENOLOGICALLY JUSTIFIES SOUND DECISION MAKING IN THE DAILY OPERATIONS OF PRISON.

### CLAIMS:

41 ON JULY 29, 2017, THIS PLAINTIFF WAS RETURNING FROM EVENING YARD, WHERE UPON PLAINTIFF CLOSING HIS CELL DOOR (NU-612) PLAINTIFF'S LEFT HAND SOMEHOW GOT COUGHT WITHIN THE CELL DOOR BARS AND BROKE THIS PLAINTIFF'S LEFT HAND FOURTH FINGER (RING FINGER). AND BENT PLAINTIFF'S FINGER ABOUT 45° IN A DIRECTION IT IS NOT TO BEND. (EX#6, EX#30, P2-3; EX#7; EX#40, P6-7; EX#61, P3-5; EX#60, P3-7, EX#66)

42 ON JULY 30, 2017, THIS PLAINTIFF PLACED WITHIN THE NORTH UPPERS CELL HOUSE (NU) SICK CALL BOX A SICK CALL REQUEST HAND WRITTEN TO MEDICAL CARE FOR A BROKEN FOURTH (4<sup>th</sup>) RING FINGER LEFT HAND (EX#1)

43 ON AUGUST 01, 2017, THE NORTH UPPERS CELL HOUSE WENT ON LEVEL ONE LOCKDOWN UNTIL AUGUST 07, 2017, WHERE THIS PLAINTIFF WAS HOUSED (NU-612).

44 ON AUGUST 02, 2017, THIS PLAINTIFF WAS SEEN WITHIN THE NORTH UPPERS HEALTH CARE (SICK CALL) REGARDING ABOVE SICK CALL REQUEST (PH#42, EX#1) BY DEFENDANT, NURSE JANE DOE#5, WHERE SHE TOLD THIS PLAINTIFF THAT PLAINTIFF'S FINGER LOOKED BROKEN AND THAT SHE CAN NOT SEND PLAINTIFF TO THE HEALTHCARE UNIT TO SEE A DOCTOR OR FOR X-RAYS BECAUSE DEFENDANT'S, MENARD CORRECTIONAL CENTER AND WEXFORD HEALTH SERVICE WILL NOT LET HER (NURSE JANE DOE#5) SEND PLAINTIFF TO THE HEALTH CARE UNIT BECAUSE DEFENDANT'S MENARD CORRECTIONAL CENTER AND WEXFORD HEALTH SERVICE DO NOT CONSIDER A BROKEN FINGER TO BE A SERIOUS ENOUGH ISSUE/MEDICAL NEED TO DO AN X-RAY AND/OR OTHER, AND THAT BECAUSE MENARD CORRECTIONAL WAS ON LOCKDOWN THIS PLAINTIFF WOULD HAVE TO WAIT UNTIL LOCKDOWN WAS OVER TO SEE A DOCTOR AND/OR RECEIVE X-RAYS AND THAT THIS WAS THE REASON DEFENDANT NURSE JANE DOE#5 COULD NOT SEND PLAINTIFF OVER NOW TO SEE A DOCTOR AND/OR FOR X-RAYS DO TO THIS ABOVE DESCRIBED POLICIES. (EX#2)



(45) ON AUGUST 02, 2017, DURING ABOVE SICK CALL (PH#44) DEFENDANT, NURSE JANE DOE#5 GAVE THIS PLAINTIFF A MAKE SHIFT SPLINT, TONG COMPRESSOR AND TAPE TO KEEP PLAINTIFF'S BROKEN FINGER STRAIT, BUT LATER THAT SAME DAY IT WAS TAKEN FROM THIS PLAINTIFF AS BELOW DESCRIBED. (EX#2)

(46) ON AUGUST 02, 2017, LATER THAT SAME DAY THE TACK TEAMS "ORANGE CRUSH" OF THE SOUTHERN DISTRICT FACILITIES OF THE ILLINOIS DEPARTMENT OF CORRECTIONS SHOOK DOWN THE NORTH UPPERS SIX AND EIGHT GALLERY (NU-612), WHERE ORANGE CRUSH TOOK INMATES TO INCLUDE THIS PLAINTIFF TO THE CHAPEL HAND CUFFED BEHIND THE BACK WITH HEADS DOWN. (EX#6, 7, 30, 60, 61, 64, 66)

(47) UPON THIS PLAINTIFF BEING WITHIN THE CHAPEL AS ABOVE DESCRIBED (PH#46) THIS PLAINTIFF ASKED DEFENDANT, JOHN DOE#1 ORANGE CRUSH OFFICER HELMENT #62 (MCC) (BELIEVED TO BE 90 HOLDER) IF PLAINTIFF COULD BE FRONT CUFFED DO TO PLAINTIFF'S BROKEN FINGER AND CAUSING PLAINTIFF CHROMIC PAIN BEING HAND CUFFED BEHIND THE BACK AND FORCED TO SIT IN A CHAIR PUTTING PRESSURE ON THIS PLAINTIFF'S BROKEN FINGER. (EX#30, 6, 7, 61, 64, 66)

(48) WHEN THIS PLAINTIFF SHOWED DEFENDANT, JOHN DOE#1 (#62) PLAINTIFF'S SPLINTED FINGER DEFENDANT JOHN DOE#1 TOOK PLAINTIFF'S MAKE SHIFT SPLINT (TONG COMPRESSOR/TAPE) WHERE THIS PLAINTIFF THEN REQUESTED OF DEFENDANT, JOHN DOE#1 (#62) TO SEE THE NURSE, BUT DEFENDANT, JOHN DOE#1 (#62) TOLD THIS PLAINTIFF TO "SHUT THE FUCK UP" AND WALKED OFF. DEFENDANT, JOHN DOE#1 REFUSED TO GET THIS PLAINTIFF ANY MEDICAL CARE. ①

(49) UPON THIS PLAINTIFF BEING RETURNED FROM THE CHAPEL TO PLAINTIFF'S CELL (NU-612) AT LEAST TWO (2) HOURS LATER. THIS PLAINTIFF FOUND OUT THAT DEFENDANT, T. SMITH (CRUSH) HAD SHOOK DOWN THIS PLAINTIFF'S CELL (NU-612) AND TAKEN PLAINTIFF'S PRESCRIBED PAIN MEDICATION FOR PLAINTIFF'S NECK INJURY AND HAD TAKEN PLAINTIFF'S EXTRA MAKE SHIFT SPLINT (TONG COMPRESSOR AND TAPE) THAT DEFENDANT, NURSE JANE DOE#5 GAVE THIS PLAINTIFF EARLYER THAT DAY OF AUGUST 02, 2017, AS ABOVE DESCRIBED WITHIN (PH#45) (EX#3, #73) ①

(50) ON AUGUST 02, 2017, AFTER ORANGE CRUSH SHOOK DOWN. THIS PLAINTIFF SAW THE EXTRA MAKE SHIFT SPLIN AND MEDICAL TAPE/TONG COMPRESSOR ON THE GALLERY FLOOR JUST OUTSIDE PLAINTIFF'S CELL (NU-612), WHERE THIS PLAINTIFF STOPPED DEFENDANT, 90 MULHOLLAND AND SHOWED HIM PLAINTIFF'S BROKEN FINGER AND ASKED HIM TO GRAB THE TONG COMPRESSOR AND TAPE (MAKE SHIFT SPLINT) OFF THE 6-GALLERY FLOOR, AND THIS PLAINTIFF ALSO REQUESTED MEDICAL CARE OF 90 MULHOLLAND FOR PLAINTIFF'S CHROMIC PAIN BECAUSE DEFENDANT, 90 T. SMITH (CRUSH) HAD TAKEN ALL OF PLAINTIFF'S PRESCRIBED PAIN MEDICATION FOR PLAINTIFF NECK INJURY BECAUSE WITHOUT THE EMPTY LABE THIS PLAINTIFF COULD NOT GET PRESCRIBED RE-FILL OF MEDICATION. ①

FN#1 (EXHIBITS #6, 7, 30, 60, 61, 64, 66)

51) DEFENDANT, % MULHOLLAND LOOKED AT PLAINTIFF'S BROKEN FINGER AND ACKNOWLEDGED THAT THIS PLAINTIFF'S FINGER LOOKED BROKEN AND THEN TOLD THIS PLAINTIFF THAT HE (MULHOLLAND) "DID NOT HAVE TIME" AND THAT THIS PLAINTIFF "WOULD JUST HAVE TO SUFFER" THEN DEFENDANT, MULHOLLAND WALKED OFF AND REFUSED TO DO ANYTHING AT ALL FOR THIS PLAINTIFF'S SERIOUS MEDICAL NEEDS. ①

52) ON AUGUST 03, 2017, THIS PLAINTIFF'S CELL HOUSE (MU-612) WAS STILL ON LEVEL ONE LOCKDOWN, WHERE DEFENDANT, % MULHOLLAND WAS PASSING OUT LUNCH TRAYS ON PLAINTIFF'S GALLERY (MU-612), WHEN MULHOLLAND GAVE THIS PLAINTIFF HIS TRAY, PLAINTIFF AGAIN REQUESTED OF DEFENDANT, MULHOLLAND FOR MEDICAL CARE FOR PLAINTIFF'S BROKEN RING FINGER, AND RE-AGGRAVATED NECK INJURY DO TO CRUSH SHAKEDOWN THE DAY BEFORE, WHERE DEFENDANT MULHOLLAND STARTED TO THREATEN THIS PLAINTIFF OF FURTHER AND/OR FUTURE RETALIATION (i.e. BOGAS DISCIPLINARY ACTION AND OTHER) IF THIS PLAINTIFF KEPT ASKING FOR MEDICAL CARE. DEFENDANT, MULHOLLAND WENT ON TO TELL THIS PLAINTIFF THAT PLAINTIFF WOULD NOT BE RECEIVING ANY MEDICAL CARE BECAUSE PLAINTIFF LIKES TO SUE CORRECTIONAL OFFICERS, WHERE DEFENDANT, MULHOLLAND NEVER GOT PLAINTIFF MEDICAL CARE AND DID NOT TRY TO GET PLAINTIFF ANY MEDICAL CARE AT ALL. ①

53) ON AUGUST 03, 2017, THIS PLAINTIFF PLACED WITHIN THE NORTH UPPERS SIX GALLERY'S (MU-612) INSTITUTIONAL MAIL ADDRESSED TO THE HEALTHCARE UNIT ANOTHER MEDICAL REQUEST SLIP (HAND WRITTEN) REGARDING PLAINTIFF'S BROKEN FOURTH RING FINGER AND ORANGE CRUSH DEFENDANT, % T. SMITH TAKING THIS PLAINTIFF'S PRESCRIBED MEDICATION FOR PLAINTIFF'S NECK INJURY, AND PLAINTIFF'S TONGUE COMPRESSOR AND TAPE (MAKE SURE SPRINT) FOR PLAINTIFF'S BROKEN RING FINGER, ALONG WITH ORANGE CRUSH RE-AGGRAVATING THIS PLAINTIFF'S NECK INJURY, AND PLAINTIFF NOT BEING ABLE TO GET MEDICATION RE-FILLED BECAUSE ORANGE CRUSH DEFENDANT, % T. SMITH TOOK WHAT PLAINTIFF NEEDED IN ORDER TO TURN IN FOR MEDICATION RE-FILLS (EX#4) ①

54) ON AUGUST 06, 2017, THIS PLAINTIFF WAS SEEN BY DEFENDANT, NURSE JANE DOE #5 IN THE NORTH UPPERS CELL HOUSE HEALTHCARE AS A RESULT OF PLAINTIFF'S MEDICAL REQUEST SLIP (PH#53, EX#3), WHERE SHE GAVE THIS PLAINTIFF A 3-DAY SUPPLY OF I.B.U.'S (200mg) TO HOLD PLAINTIFF OVER BECAUSE IT WOULD BE A WHILE BEFORE THIS PLAINTIFF WOULD BE SEEN BY A DOCTOR AND/OR GET X-RAYS BECAUSE THE TWO (2) DOCTORS ARE NEVER "HEARD" (AT MEMPHIS CORRECTIONAL CENTER).

55) ON AUGUST 07, 2017, DEFENDANT, K. ALLSUP MADE ROUNDS (MU-612) WHERE THIS PLAINTIFF INFORMED ALLSUP OF ALL ABOVE MEDICAL ISSUES AND EVENTS REGARDING PLAINTIFF'S BROKEN RING FINGER AND RE-AGGRAVATED NECK INJURY, AND REQUESTED OF DEFENDANT, K. ALLSUP FOR MEDICAL CARE. DEFENDANT ALLSUP TOLD THIS PLAINTIFF THAT PLAINTIFF WAS NOT ENTITLED TO ANY MEDICAL CARE THEN ALLSUP WALKED OFF AND REFUSED TO DO ANYTHING FOR THIS PLAINTIFF. (EX#7) ①

(56) ON AUGUST 10, 2017, THIS PLAINTIFF AGAIN REQUESTED MEDICAL CARE FOR PLAINTIFF'S BROKEN RING FINGER AND RE-AGGRAVATED NECK ISSUES OF DEFENDANT'S, SGT. MCCLURE, %O MULHOLLAND, %O JOHN DOE #2, AND OTHER UNIDENTIFIED JOHN AND JANE DOES, et al., ALL TO NO AVAIL. ①

(57) ON AUGUST 11, 2017, DEFENDANT, %O MULHOLLAND WAS PASSING OUT CALL LINE PAPERS AT ABOUT 7:30AM, WHERE UPON MULHOLLAND COMING TO THIS PLAINTIFF'S CELL (NU-612) THIS PLAINTIFF AGAIN REQUESTED OF MULHOLLAND FOR MEDICAL CARE FOR PLAINTIFF'S BROKEN FINGER AND RE-AGGRAVATED NECK INJURY. DEFENDANT MULHOLLAND REFUSED TO DO ANYTHING FOR THIS PLAINTIFF AND THEN TOOK PLAINTIFF'S TWO (2) CALL PASS SLIPS AND WHIPPED THEM UP AND THROUGH THEM BOTH AT THIS PLAINTIFF'S HEAD/FACE. ①

(58) LATER THAT SAME DAY OF AUGUST 11, 2017, AT ABOUT 8:30AM DEFENDANT, %O MULHOLLAND WAS ESCORTING THIS PLAINTIFF FROM THE NORTH UPPER'S CELL HOUSE TO THE CHAPEL FOR A LEGAL CALL, WHERE AGAIN THIS PLAINTIFF REQUESTED OF %O MULHOLLAND FOR MEDICAL CARE FOR PLAINTIFF'S BROKEN RING FINGER AND NECK ISSUES. %O MULHOLLAND THEN STARTED TO THREATEN THIS PLAINTIFF WITH SEGREGATION IF PLAINTIFF ASKED HIM (MULHOLLAND) ONE MORE "FUCKING TIME FOR MEDICAL CARE" BECAUSE "MULHOLLAND WAS "NOT GOING TO DO SHIT" FOR THIS PLAINTIFF. ①

(59) ON AUGUST 11, 2017, THIS PLAINTIFF PLACED WITHIN THE NORTH UPPER'S CELL HOUSE INSTITUTIONAL MAIL BOX AN EMERGENCY GRIEVANCE IN A SEALED ENVELOPE ADDRESSED TO DEFENDANT, WARDEN, J. LASHBROOK. (EX#6).

(60) ON AUGUST 11, 2017, THIS PLAINTIFF ALSO PLACED A SECOND GRIEVANCE WITHIN THE NORTH UPPER'S CELL HOUSE COUNSELOR/GRIEVANCE BOX AN NON-EMERGENCY GRIEVANCE ALMOST IDENTICAL TO ABOVE (PH#59) IN A SEALED ENVELOPE ADDRESSED TO DEFENDANT, K. ALLSUP (COUNSELOR) (EX#2) (EX#30).

(61) FROM JULY 29, 2017, THROUGHOUT AUGUST 11, 2017, THIS PLAINTIFF HAS CONTINUALLY REQUESTED MEDICAL CARE FOR PLAINTIFF'S BROKEN LEFT RING FINGER, CHRONIC PAIN, RE-AGGRAVATED NECK INJURY, AND OTHER MEDICAL NEEDS, SAID REQUEST WERE MADE TO DEFENDANT'S, SGT. MCCLURE, %O MULHOLLAND, %O FARLOW, %O YANKEY, %O D. GROSS, K. MAUE, K. ALLSUP, %O JOHN DOE #2, D. THREADGILL, NURSE JANE DOE #5 AND OTHER UNIDENTIFIED JOHN AND JANE DOES, et al., ALL TO NO AVAIL. ①

(62) ON AUGUST 12, 2017, AT ABOUT 9:30AM, THIS PLAINTIFF AGAIN REQUESTED OF DEFENDANT, %O MULHOLLAND, FOR MEDICAL CARE FOR PLAINTIFF'S BROKEN RING FINGER AND NECK ISSUES, WHERE MULHOLLAND ONCE AGAIN THREATENED THIS PLAINTIFF WITH SEGREGATION AND A BOGGS/PAULS DISCIPLINARY TICKET/SANCTIONS, IF PLAINTIFF KEPT COMPLAINING AND REQUESTING MEDICAL CARE. ①



(63) ON AUGUST 14, 2017, THIS PLAINTIFF PLACED WITHIN THE NORTH UPPERS CELL HOUSE SICK CALL BOX TO HEALTHCARE UNIT A MEDICAL REQUEST SLIP (HAND WRITTEN) REQUESTING CARE FOR PLAINTIFF'S BROKEN RING FINGER, RE-FILL OF PAIN MEDICATION (PRESCRIBED) FOR NECK INJURY, AND TO SEE A DOCTOR, ETC... (EX#8)

(64) ON AUGUST 15, 2017, AS A DIRECT RESULT OF THIS PLAINTIFF'S MEDICAL REQUEST SLIP DATED AUGUST 14, 2017 (PH#63, EX#8), PLAINTIFF WAS SEEN WITHIN THE NORTH UPPERS HEALTHCARE BY DEFENDANT, NURSE JANE DOE#6, FOR PLAINTIFF'S BROKEN RING FINGER, NECK ISSUES, AND NOT RECEIVING PRESCRIBED PAIN MEDICATION RE-FILLS, WHERE DEFENDANT, NURSE JANE DOE#6, TOLD THIS PLAINTIFF "IT'S A BROKEN FINGER, THEIR NOT GOING TO DO ANYTHING ABOUT IT". THIS PLAINTIFF REQUESTED SOME PAIN MEDICATION (I.B.U.'S), BUT NURSE JANE DOE#6 SIMPLY REFUSED TO DO ANYTHING FOR PLAINTIFF AT ALL. (1)

(65) ON AUGUST 16, 2017, THIS PLAINTIFF RECEIVED A MEDICAL CALL PASS TO SEE DEFENDANT, NURSE PRACTITIONER, MOLDENHAUER, WITHIN THE NORTH UPPERS CELL HOUSE HEALTHCARE AT ABOUT 7:30AM, BUT WHEN THIS PLAINTIFF WENT TO THE CELL HOUSE HEALTHCARE DEFENDANT, % D. GROSS, WOULD NOT LET THIS PLAINTIFF SEE DEFENDANT, MOLDENHAUER, FOR THE SOLE REASON TO DENY PLAINTIFF OF MEDICAL CARE AND SENT PLAINTIFF BACK TO PLAINTIFF'S CELL (MUL-12). (EX#10)

(66) ON AUGUST 16, 2017, THIS PLAINTIFF ALSO RECEIVED A CALL PASS FOR LEGAL EXCHANGE WITHIN PERSONAL PROPERTY FOR 8:00AM DO TO PLAINTIFF'S SEVERAL COURT DETOURINES, WHERE PLAINTIFF WAS TOLD BY DEFENDANT, % K. MAUE, TO GO TO LEGAL EXCHANGE AND THAT PLAINTIFF WOULD BE SEEN IN THE NORTH UPPERS CELL HOUSE HEALTHCARE FOR PLAINTIFF'S CALL PASS (PH#65, EX#10) WHEN PLAINTIFF RETURNED FROM HIS LEGAL EXCHANGE CALL PASS [REDACTED], BUT WHEN THIS PLAINTIFF RETURNED FROM LEGAL EXCHANGE AT ABOUT 9:00AM PLAINTIFF REQUESTED OF DEFENDANT, % K. MAUE, "IF PLAINTIFF COULD GO SEE DEFENDANT, NURSE PRACTITIONER, MOLDENHAUER, FOR PLAINTIFF'S EMERGENCY CALL PASS AS DEFENDANT, % K. MAUE, HAD TOLD PLAINTIFF HE WOULD BE ABLE TO DO, BUT % K. MAUE REFUSED TO ALLOW THIS PLAINTIFF TO SEE DEFENDANT, MOLDENHAUER FOR PLAINTIFF'S MEDICAL CALL PASS, WHERE PLAINTIFF RECEIVED NO MEDICAL CARE AND WAS DENIED (PH#65, EX#7). (EX#9, 10, 11)

(67) ON AUGUST 16, 2017, LATER THAT DAY THIS PLAINTIFF PLACED WITHIN THE NORTH UPPERS CELL HOUSE SICK CALL BOX TO HEALTHCARE UNIT A MEDICAL REQUEST SLIP (HAND WRITTEN) REQUESTING MEDICAL CARE FOR; CHRONIC PAIN, SWELLING, AND OTHER TO PLAINTIFF'S RE-AGGRAVATED NECK INJURY; ORANGE CRUSH TAKING PLAINTIFF'S PRESCRIBED PAIN MEDICATION FOR PLAINTIFF'S NECK INJURY AND OTHER MEDICAL THINGS PREVENTING PLAINTIFF FROM BEING ABLE TO GET PRESCRIPTION RE-FILLS; ALSO THIS BROKEN RING FINGER CAUSING PLAINTIFF CHRONIC PAIN (EX#12, 13)

(68) ON AUGUST 18, 2017, DEFENDANT, ASSISTANT WARDEN, ALEX JONES, DENIED THIS PLAINTIFF'S EMERGENCY GRIEVANCE DATED AUGUST 11, 2017, [REDACTED] FOR MEDICAL CARE FOR PLAINTIFF'S BROKEN RING FINGER AND OTHER ISSUES, WHERE IN DOING SO, ALEX JONES DENIED THIS PLAINTIFF OF MEDICAL CARE FOR PLAINTIFF'S SERIOUS MEDICAL NEEDS AND CHRONIC PAIN AS DESCRIBED WITHIN SAID GRIEVANCE (EMERGENCY GRIEVANCE) (EX#6)

(69) ON AUGUST 18, 2017, THIS PLAINTIFF WAS SEEN WITHIN THE NORTH UPPERS CELL HOUSE HEALTHCARE BY DEFENDANT, NURSE JANE DOE #6, WHERE SHE TOLD THIS PLAINTIFF THAT SHE DID NOT KNOW WHY DEFENDANT'S, DR. SIDDIQUI, AND/OR DEFENDANT, DR. SHAH, AND/OR ANYONE FOR THAT MATTER WOULD NOT SEE THIS PLAINTIFF FOR PLAINTIFF'S BROKEN FINGER AND/OR RE-AGGRAVATED NECK INJURY, AND OTHER MEDICAL ISSUES, BUT DEFENDANT, NURSE JANE DOE #6, STATED SHE WOULD PUT THIS PLAINTIFF IN TO SEE THE DOCTOR, WHERE NOTHING ELSE WAS DONE (i.e. NO PAIN MEDS, ETC.). (1)

(70) ON AUGUST 20, 2017, THIS PLAINTIFF PLACED WITHIN THE NORTH UPPERS CELL HOUSE SICK CALL BOX ANOTHER MEDICAL REQUEST SLIP (HAND WRITTEN) TO HEALTHCARE FOR PLAINTIFF'S "① BROKEN LEFT RING FINGER (X-RAY ETC.) ② CHRONIC NECK PAIN, SWELLING, ETC... (M.R.I., ETC...)...", "... ④ RE-FILL OF I.B.U.'S PRESCRIPTION FROM OVER 3-WEEKS AGO TO NO AVAIL; ⑤ ALL ABOVE HAVE BEEN DENIED OR REFUSED CARE FOR AT LEAST 3-WEEKS DISPISTE CONTINUED/COUNTLESS REQUEST FOR CARE." (EX #14)

(71) ON AUGUST 22, 2017, THIS PLAINTIFF PLACED WITHIN THE NORTH UPPERS CELL HOUSE SICK CALL BOX ANOTHER MEDICAL REQUEST SLIP (HAND WRITTEN) TO HEALTHCARE FOR PLAINTIFF'S BROKEN RING FINGER, RE-AGGRAVATED NECK INJURY, CHRONIC PAIN, PRESCRIBED PAIN MEDICATION RE-FILL FOR NECK INJURY, ALL TO NO AVAIL (EX #15)

(72) ON AUGUST 23, 2017, THIS PLAINTIFF WENT TO LEGAL EXCHANGE WITHIN MAIN PROPERTY, THEN TO THE CHAPEL FOR A LEGAL CALL, WHERE AFTER THIS PLAINTIFF'S LEGAL CALL PLAINTIFF WAS BEING ESCORTED FROM THE CHAPEL (LEGAL CALL) BACK TO THE NORTH UPPERS CELL HOUSE BY DEFENDANT, % FURLOW. ON THE WAY BACK TO THE NORTH UPPERS CELL HOUSE THIS PLAINTIFF AGAIN REQUESTED OF % FURLOW TO TAKE THIS PLAINTIFF TO HEALTHCARE FOR PLAINTIFF'S BROKEN RING FINGER, RE-AGGRAVATED NECK INJURY, AND OTHER MEDICAL RELATED ISSUES BECAUSE WE WERE PASSING RIGHT BY THE MAIN HEALTHCARE UNIT AND MEDICAL ISSUES ARE CHRONIC ALLOWING % FURLOW TO BE ABLE TO TAKE THIS PLAINTIFF TO HEALTHCARE, BUT INSTEAD OF GETTING THIS PLAINTIFF MEDICAL CARE FOR PLAINTIFF'S SERIOUS MEDICAL NEEDS DEFENDANT, % FURLOW STARTED TO THREATEN THIS PLAINTIFF FOR REQUESTING MEDICAL CARE AND TOLD THIS PLAINTIFF THAT PLAINTIFF SHOULD NOT HAVE FILED THAT GRIEVANCE DATED AUGUST 11, 2017 (SEE: PH #5960) (1)

(73) WHEN DEFENDANT, % FURLOW AND THIS GRIEVANT RETURNED TO THE NORTH UPPERS CELL HOUSE FROM THE LEGAL CALL (PH #71) % FURLOW STARTED TO FOLLOW THIS PLAINTIFF UP STAIRS TO SIX (6) GALLERY ALL THE WAY FROM CELL NU-654 TO THIS PLAINTIFF'S CELL NU-612. % FURLOW CONTINUED TO THREATEN TO "BEAT" THIS PLAINTIFF'S ASS AND "FUCK" THIS PLAINTIFF UP ALL THE WAY DOWN THE ENTIRE NORTH UPPERS CELL HOUSE'S SIX GALLERY IN FRONT OF THE ENTIRE SIX (6) AND EIGHT (8) GALLERY IF THIS PLAINTIFF CONTINUED TO FILE ANYMORE GRIEVANCES OR REQUESTED ANY MEDICAL CARE AGAIN, WHERE DEFENDANT, % FURLOW TOLD THIS GRIEVANT IN A LOUD ALMOST YELLING VOICE TO "FUCKING FILE ANOTHER LAWSUIT BITCH AND YOU'LL WIND UP DEAD LIKE THAT GUY IN NORTH TWO." CELL HOUSE. (NOTE: ON JULY 11, 2017, AN INMATE WAS BEATEN TO DEATH "MURDERED" BY MEMPHO CORRECTIONAL OFFICERS/STAFF). (2)



(74) LATER THAT SAME DAY (PH#72,73) OF AUGUST 23, 2017, AT ABOUT 11:00 AM SHORTLY AFTER ABOVE DESCRIBED INCIDENTS (PH#72,73) THE NORTH UPPERS CELL HOUSE WAS BEING RAN OUT TO THE YARD WHERE THIS PLAINTIFF'S GALLERY SIX (6) WAS BEING LET OUT FOR YARD. THIS PLAINTIFF PROCEEDED TO GO OFF THE GALLERY TO YARD WITH THE REST OF THE INMATES. WHEN PLAINTIFF GOT TO THE END OF THE GALLERY BY CELL #654 DEFENDANT, % FURLOW STOPPED THIS PLAINTIFF AND AGAIN STARTED TO THREATEN, HARASS, RETALIATE, AND ASSAULT THIS PLAINTIFF AND REFUSED TO ALLOW THIS PLAINTIFF TO GO TO YARD. ①

(75) AFTER THE INMATE OF NORTH UPPERS SIX (6) GALLERY CELL HOUSE (PH#74) WERE ALL OFF THE GALLERY (BUT BEFORE ABOVE EIGHTS (8) GALLERY WAS RAN OUT WHICH LOOKS DOWN ON SIX (6) GALLERY) DEFENDANT'S, % FURLOW AND DEFENDANT, % FRITSCHÉ ESCORTED THIS PLAINTIFF BACK TO PLAINTIFF'S CELL (NU-612), WHERE THE ENTIRE TIME FROM CELL NU-654 ALL THE WAY TO CELL NU-612 THE DEFENDANT, % FRITSCHÉ WAS WALKING ABOUT TEN (10) FEET IN FRONT OF THIS PLAINTIFF WITH DEFENDANT, % FURLOW RIGHT BEHIND THIS PLAINTIFF PUSHING AND SHOVING THIS PLAINTIFF, AND PUNCHING PLAINTIFF IN THE BACK, AND GRABBING/GRABING THIS PLAINTIFF'S ASS AT LEAST TWO (2) TIMES, AND ALL THE WAY FROM THE NU-654 CELL TO THE NU-612 CELL (PLAINTIFF'S CELL) DEFENDANT, % FURLOW WAS ALSO BRUSHING AND BUMPING THIS PLAINTIFF IN THE BACK WITH HIS BODY AND OTHER. ①

(76) AFTER DEFENDANT, % FRITSCHÉ HAD OPENED PLAINTIFF'S CELL NU-612 DOOR AND PLAINTIFF WAS LOCKED WITHIN HIS CELL NU-612 DEFENDANT % FURLOW CONTINUED TO THREATEN TO BEAT THIS PLAINTIFF'S ASS. THEN % FRITSCHÉ, AND % FURLOW LET TO GO RUN THE ABOVE EIGHT GALLERY OUT TO YARD, AFTER EIGHT GALLERY WAS RAN OUT TO YARD % FRITSCHÉ WHILE PASSING THIS GRIEVANT'S CELL NU-612 ASKED PLAINTIFF WHAT THAT WAS ALL ABOUT (REFERRING TO % FURLOW THREATENING THIS PLAINTIFF) BUT DEFENDANT, % FRITSCHÉ DID NOT STOP AND KEPT ON WALKING. ①

(77) ABOUT TWO (2) HOURS LATER AROUND 2pm AFTER YARD WAS OVER AND THE NORTH UPPERS CELL HOUSE SIX GALLERY WAS RAN (RETURNED) FROM YARD DEFENDANT, % FURLOW AGAIN FOR NO REASON AT ALL CAME TO THIS PLAINTIFF'S CELL NU-612 AND AGAIN STARTED TO THREATEN, ASSAULT THIS PLAINTIFF WITH EXCESSIVE FORCE AND OTHER CALLING THIS PLAINTIFF A "BITCH" AND MAKING SEXUAL GESTURES TO THIS PLAINTIFF. ①

(78) ON AUGUST 24, 2017, AT ABOUT 9:00 AM THIS PLAINTIFF WAS ON A SIX (6) GALLERY LUNCH LINE MOVEMENT (NU-612), WHERE UPON PLAINTIFF EXITING THE GALLERY DEFENDANT'S % FURLOW AND OTHER UNIDENTIFIED JOHN DOE'S ET AL, STARTED TO THREATEN TO ASSAULT THIS PLAINTIFF. ①



82 ON AUGUST 24, 2017, AT ABOUT 10:00am THIS PLAINTIFF WAS ON A HEALTHCARE CALL PASS WITHIN THE NORTH UPPERS CELL HOUSE (EX#16), WHERE WHILE PLAINTIFF WAS WAITING TO BE SEEN DEFENDANT, % FURLOW ENTERED INTO THE NORTH UPPERS HEALTHCARE AND AGAIN STARTED TO THREATEN TO BEAT PLAINTIFF'S ASS AND ASSAULT PLAINTIFF, AND STARTED TO AGAIN MAKE SEXUAL GESTURES TO THIS PLAINTIFF, WHERE WITHOUT ANY KIND OF PRODUCTION FROM THIS PLAINTIFF OTHER UNIDENTIFIED MEN DOES, ETC, DEFENDANTS ALSO STARTED TO DO THE SAME AS % FURLOW TO THIS PLAINTIFF. ①

83 ON AUGUST 24, 2017, THIS PLAINTIFF WAS SEEN WITHIN THE NORTH UPPERS CELL HOUSE BY DEFENDANT, NURSE PRACTITIONER, MOLDENHAUER REGARDING PLAINTIFF'S BROKEN RING FINGER, RE-AGGRAVATED NECK ISSUES, NOT RECEIVING PRESCRIBED MEDICATION FOR PLAINTIFF'S NECK INJURY, AND OTHER MEDICAL RELATED ISSUES, WHERE PLAINTIFF HAD NOT RECEIVED CARE FOR AT LEAST THE LAST THREE AND A HALF (3 1/2) WEEKS. (EX#16) ①

84 ON AUGUST 24, 2017, DURING ABOVE (PH#79\*80) HEALTHCARE PASS DEFENDANT, MOLDENHAUER TOLD THIS PLAINTIFF THAT HE (MOLDENHAUER) SUGGESTED FOR PLAINTIFF NOT TO GET A X-RAY OF PLAINTIFF'S BROKEN RING FINGER BECAUSE DEFENDANT'S, WEXFORD HEALTH SERVICE AND/OR MENARD CORRECTIONAL CENTER AND THE DOCTOR'S (DEFENDANT'S, DR. SHAH, AND/OR DR. SIDDIQUI), OR THE ILLINOIS DEPARTMENT OF CORRECTIONS (DEFENDANT) WILL NOT DO ANYTHING FOR PLAINTIFF'S BROKEN FINGER. AFTER THIS PLAINTIFF KEPT BUGGING DEFENDANT, MOLDENHAUER FOR X-RAYS MOLDENHAUER TOLD THIS PLAINTIFF THAT HE (MOLDENHAUER) WOULD PUT PLAINTIFF IN FOR X-RAYS JUST FOR PLAINTIFF'S PERSONAL SATISFACTION, BUT MOLDENHAUER SAID IT DID NOT MATTER BECAUSE THEY STILL WOULD NOT DO ANYTHING FOR PLAINTIFF'S BROKEN FINGER. DEFENDANT, MOLDENHAUER THEN TOLD PLAINTIFF THAT HE (MOLDENHAUER) WOULD PRESCRIBE PLAINTIFF SOME PAIN MEDICATION AND MUSCLE RELAXERS FOR PLAINTIFF'S NECK INJURY. ①

85 ON AUGUST 24, 2017, AT ABOUT 1:15pm DEFENDANT, % FURLOW AGAIN CAME TO THIS PLAINTIFF'S CELL WHILE PLAINTIFF'S CELL MATE WAS AT CHAPEL AND BEGAN TO THREATEN TO BEAT THIS PLAINTIFF'S ASS AND THREATENING TO ASSAULT THIS PLAINTIFF, FOR NO REASON AT ALL. ①

86 ON AUGUST 25, 2017, THIS PLAINTIFF PLACED WITHIN THE NORTH UPPERS CELL HOUSE COUNSOLE/GRIEVANCE BOX PLAINTIFF'S EMERGENCY GRIEVANCE DATED AUGUST 11, 2017, (PH#59) REGARDING PLAINTIFF'S BROKEN RING FINGER, AND OTHER ISSUES, WHERE SAID GRIEVANCE WAS DENIED AS AN EMERGENCY GRIEVANCE BY DEFENDANT, ASSISTANT WARDEN, ALEX JONES, DENYING PLAINTIFF OF ADEQUATE CARE FOR CHRONIC SEXUAL MEDICAL NEEDS, AND OTHER AS DESCRIBED WITHIN SAID GRIEVANCE. ①

87 ON AUGUST 25, 2017, THIS PLAINTIFF ALSO PLACED A PHOTO COPIED GRIEVANCE OF ABOVE STATED GRIEVANCE DATED AUGUST 11, 2017, (PH#83) WITHIN MENARD'S INSTITUTIONAL MAIL U.S. POSTAGE TO THE ADMINISTRATIVE REVIEW BOARD FOR APPEAL OF EMERGENCY GRIEVANCE AS POLICY STATES THIS PLAINTIFF CAN/IS TO DO UPON DENIAL OF CHIEF ADMINISTRATOR'S RESPONSE OF EMERGENCY GRIEVANCE. ①

(85) ON AUGUST 26, 2017, THIS PLAINTIFF RECEIVED A FIVE (5) MONTH PRESCRIPTION FOR 75mg OF MELOXICAM (GENERIC FOR: MOBIC) CONSISTING OF THIRTY (30) TABLETS TO BE TAKEN ONE (1) TIME PER DAY THAT WERE GIVEN TO PLAINTIFF BY A DOE NURSE ON THE 3pm-11pm SHIFT WHO PASSED [TIME] OUT MEDICATION WITHIN THE NORTH UPPERS CELL HOUSE, WHERE THIS PLAINTIFF SIGNED A RECEIPT OF ONE MONTH OF ABOVE MEDICATION TO BE RE-FILLED ON 09/16/17 (NU-612).

(86) ON AUGUST 28, 2017, THIS PLAINTIFF PLACED WITHIN THE NORTH UPPERS CELL HOUSE COUNSELLORS BOX A GRIEVANCE WITHIN A SEALED ENVELOPE ADDRESSED TO DEFENDANT, COUNSELLOR, K. ALLSUP, A NON-EMERGENCY GRIEVANCE PER, "EXCESSIVE FORCE"; ASSAULT AND BATTERY; RETALIATION; DENIAL OF MEDICAL CARE; CONSPIRACY; STATE LAW VIOLATIONS; SEXUAL HARASSMENT; STATE AND FEDERAL CONSTITUTIONAL RIGHTS VIOLATIONS; AND OTHER. (1)

(87) ON AUGUST 28, 2017, THIS PLAINTIFF ALSO PLACED WITHIN THE NORTH UPPERS CELL HOUSE INSTITUTIONAL MAIL/WARDENS BOX A EMERGENCY GRIEVANCE WITHIN A SEALED ENVELOPE ADDRESSED TO DEFENDANT, WARDEN, J. LASHBROOK (GRIEVANCE ADDRESSED IN SAME MANNER) IDENTICAL IN CONTENT AS ABOVE (PH#86) BUT MARKED AS EMERGENCY (1)

(88) ON AUGUST 28, 2017, THIS PLAINTIFF PLACED WITHIN THE NORTH UPPERS CELL HOUSE'S SICK CALL BOX A MEDICAL REQUEST SLIP (HANDWRITTEN) TO HEALTHCARE PER, "SAW MR. 'MOLDENHAUER' HE PRESCRIBED ME MUSCLE RELAXERS AND MOBIC (MELOXICAM).

I HAVE NOT RECEIVED ANY MUSCLE RELAXERS, AND THE MOBIC I WANT CHANGED BACK TO I.B.U.'S 600mg, 3X'S PER DAY, DO TO THIS MOBIC INFLAMING MY NECK INJURY FOR SOME REASON AND NOT WORKING AT ALL FOR ME (FOR MY NECK OR BROKEN FINGER, PAIN) (EX#17) (ALSO SEE PH#80, #81)

(89) ON AUGUST 28, 2017, THIS PLAINTIFF WAS ON A NU-6 GALLERY LUNCH LINE MOVEMENT, WHERE AT THE END OF SIX GALLERY (BY NU-654) DEFENDANT, %YANKEY STARTED TO THREATEN THIS PLAINTIFF WITH EXCESSIVE FORCE, AND ALSO SEXUALLY HARASS THIS PLAINTIFF, WHERE WHEN THIS PLAINTIFF HAD PROCEEDED TO EXIT THE CELL HOUSE UPON PASSING THE NU-SGT-CAGE DEFENDANT, %FURLOW ALSO THREATENED THIS PLAINTIFF WITH EXCESSIVE FORCE AND ALSO SEXUALLY HARASSED THIS PLAINTIFF, BOTH ABOVE INCIDENTS WERE WITHOUT ANY KIND OF PROVOKTION FROM THIS PLAINTIFF. (1)

(90) ON AUGUST 29, 2017, THIS PLAINTIFF RECEIVED A HEALTHCARE CALL PASS FOR 7:30am IN MAIN HEALTHCARE FOR X-RAYS OF PLAINTIFF'S BROKEN RING FINGER, WHERE THIS PLAINTIFF WAS LET OUT OF HIS CELL AND SENT DOWN STAIRS TO WAIT IN THE NORTH UPPERS CELL HOUSE BULL PIN, BEFORE THE NU-6 GALLERY GYM LINE WAS RAN (AS STAFF WERE LETTING THE GYM LINE OUT RIGHT AFTER PLAINTIFF LEFT THE GALLERY). UPON THIS (ABOUT 7:30am) PLAINTIFF EXITING THE NORTH UPPERS SIX GALLERY BY CELL 654 DEFENDANT'S %FURLOW, %YANKEY, AND TWO OTHER UNIDENTIFIED JOHN DOE %'S WERE WAITING FOR THE NORTH UPPERS SIX GALLERY GYM LINE TO BE LET OUT FOR GYM THIS PLAINTIFF IN PASSING ABOVE SAID DEFENDANTS' THE DEFENDANTS JOINTLY STARTED TO THREATEN TO BEAT THIS PLAINTIFF'S ASS AND STARTED TO SEXUALLY HARASS THIS PLAINTIFF WITHOUT ANY PROVOKTION FROM THIS PLAINTIFF. (EX#18) (1)

91 LATE THAT SAME DAY OF AUGUST 29, 2017, AT ABOUT 8:15 AM AFTER THE GYM LINE WAS RAN TO GYM, THIS PLAINTIFF WAS TAKE TO THE MAIN HEALTHCARE UNIT FOR X-RAYS OF PLAINTIFF'S BROKEN RING FINGER, WHERE DEFENDANT, NURSE JANE DOE #7, TOOK TWO (2) X-RAYS (VIEWS) OF PLAINTIFF'S LEFT HAND RING FINGER, AND INFORMED PLAINTIFF THAT PLAINTIFF'S RING FINGER WAS BROKEN AND THAT THERE WAS A PIECE OF BONE CHIPPED OFF IN PLAINTIFF'S FINGER "LOOSE". DEFENDANT, NURSE JANE DOE #7 THEN SPLINTED PLAINTIFF'S BROKEN RING FINGER WITH A MAKE SHIFT SPLINT CONSISTING OF A TONGUE COMPRESSOR AND SOME TAPE AND TOLD PLAINTIFF THAT SHE WOULD TRY TO GET A HOLD OF DEFENDANT, NURSE PRACTITIONER, MOLDENHAUER, TO SEE WHAT MOLDENHAUER WANTED TO DO. (EX #19, PH #90) ①

92 DURING PLAINTIFF'S VISIT FOR X-RAYS ON AUGUST 29, 2017, THIS PLAINTIFF ASKED DEFENDANT, NURSE JANE DOE #7 IF SHE WOULD ASK DEFENDANT, MOLDENHAUER TO CHANGE PLAINTIFF'S PRESCRIPTION FOR MELOXICAM (GENERIC FOR: MORIC) BACK TO 600mg I.B.U.'S, 3X PER DAY BECAUSE THE MELOXICAM WAS INFLAMING PLAINTIFF'S NECK INJURY AND NOT DOING ANYTHING FOR PLAINTIFF. THIS PLAINTIFF ALSO INFORMED DEFENDANT, NURSE JANE DOE #7, THAT PLAINTIFF NEVER RECEIVE THE MUSCLE RELAXERS THAT DEFENDANT, MOLDENHAUER, TOLD PLAINTIFF THAT HE (MOLDENHAUER) WOULD PRESCRIBE THIS PLAINTIFF, WHERE DEFENDANT, NURSE JANE DOE #7 THEN REVIEWED PLAINTIFF'S MEDICAL RECORDS AND INFORMED PLAINTIFF THAT MOLDENHAUER DID NOT ORDER ANY MUSCLE RELAXER AND THAT SHE (NURSE JANE DOE #7) WOULD ASK MOLDENHAUER ABOUT THE MUSCLE RELAXERS AND OTHER ABOVE ISSUES AS SOON AS SHE COULD GET IN CONTACT WITH HIM. (EX #19, PH #91) ①

93 ON AUGUST 30, 2017, THIS PLAINTIFF RECEIVED A THIRTY (30) PACK OF 600mg I.B.U.'S, 3-X'S PER DAY WITH NO RE-FILLS FOR PLAINTIFF'S NECK INJURY TO REPLACE THE MELOXICAM (MORIC) BY THE NURSE ON THE 3pm-11pm SHIFT IN NORTH UPPERS CELL HOUSE (N-612), WHERE PLAINTIFF SIGNED A SLIP INDICATING PLAINTIFF RECEIVED ABOVE MEDICATION (PH #91)

94 ON AUGUST 30, 2017, DEFENDANT, SG FRITSCH, REFUSED TO ALLOW THIS PLAINTIFF TO GO TO LEGAL EXCHANGE WITH THE REST OF NORTH UPPERS CELL HOUSE DISPIE PLAINTIFF'S KNOWN COURT DEADLINES, IN RETALIATION FOR PLAINTIFF'S GRIEVANCES AND CONTINUED REQUEST FOR MEDICAL CARE. ①

95 ON AUGUST 31, 2017, THIS PLAINTIFF PLACED WITHIN THE NORTH UPPERS CELL HOUSE SICK CALL BOX A MEDICAL REQUEST SLIP (HAND WRITTEN) TO HEALTHCARE REQUESTING CARE FOR "I HAVE FOR LAST MONTH PLUS BEEN RE-REQUESTING A M.R.I. FOR NECK INJURY AND FOR MUSCLE RELAXER'S TO NO AVAIL, AND BROKEN FINGER TO NO AVAIL AND RIGHT HAND TO NO AVAIL." (EX #22)



96 ON AUGUST 31, 2017, THIS PLAINTIFF WAS ON A NORTH UPERS CELL HOUSE SIX GALLERY LUNCH LINE MOVEMENT, WHERE UPON PLAINTIFF EXITING THE SIX GALLERY BY CELL MU-654 DEFENDANT'S, % FURLOW, % YANKEY, % D. GROSS, AND SGT. McCLURE ALL THREATENED TO BEAT THIS PLAINTIFF'S ASS AND THREATENED TO PUSH PLAINTIFF DOWN THE STAIRS, AND HARASSED PLAINTIFF, SEXUALLY HARASSED PLAINTIFF, AND MADE SEXUAL GESTERS AND REMARKS TO THIS PLAINTIFF. WHEN THIS PLAINTIFF RETURNED FROM THE CHOW HALL THE ABOVE DEFENDANT'S ABOVE DESCRIBED ACTIONS STILL CONTINUED WITHOUT ANY PROVOXION FROM THIS PLAINTIFF. ①

97 AFTER THIS PLAINTIFF RETURNED FROM CHOW AND WAS SECURED WITHIN PLAINTIFF'S CELL (MU-612) DEFENDANT, % D. GROSS CAME TO THIS PLAINTIFF'S CELL (MU-612) AND STARTED MAKING SEXUAL GESTERS TO THIS PLAINTIFF CALLING PLAINTIFF A FAG AND A BITCH. ①

98 ON AUGUST 31, 2017, THIS PLAINTIFF MADE A COPY OF ONE OF THE GRIEVANCES THAT WERE RESPONDED BY ONE OF THE DEFENDANTS AS THIS PLAINTIFF CAN NOT GET A COPY WITHOUT SOME KIND OF RESPONSE BY STAFF TO THE GRIEVANCE. ①

99 ON AUGUST 31, 2017, THIS PLAINTIFF PLACED WITHIN MENARD'S INSTITUTIONAL MAIL TO THE ADMINISTRATIVE REVIEW BOARD POSTAGE PAID U.S. POSTAL SERVICE PLAINTIFF'S DENIED EMERGENCY GRIEVANCE DATE AUGUST 11, 2017. ①

100 ON SEPTEMBER 01, 2017, THIS PLAINTIFF'S FAMILY, GARY BERTZ, FILED A COMPLAINT/FAMILY CONCERNS ON THE ILLINOIS DEPARTMENT OF CORRECTIONS WED SIGHT AND/OR BY E-MAIL TO DEFENDANT, DEDE SHORT (UNIDENTIFIED JOHN/JANE DOE) ①

101 ON SEPTEMBER 02, 2017, THIS PLAINTIFF WAS PLACED ON DEAD LOCK WITHIN PLAINTIFF'S CELL (MU-612) FOR NO REASON OTHER THAN RETALIATION AS BELOW DESCRIBED WITHIN (PH#102) ①

102 ON SEPTEMBER 02, 2017, AS A DIRECT RESULT OF THIS PLAINTIFF'S MEDICAL REQUEST SLIP (HAND WRITTEN) (PH#95, EX#22). THIS PLAINTIFF WAS HAND CUFFED BEHIND THE BACK (DO TO DEADLOCK (PH#101) AND TAKEN TO THE NORTH UPERS CELL HOUSE HEALTH CARE TO SEE A UNIDENTIFIED JANE DOE NURSE (SHORT, GLASSES, OLDER, LONG BLACK HAIR) AT ABOUT 8:30 AM, WHERE THIS PLAINTIFF WAS FORCED TO WAIT UNTIL ABOUT 9:40 AM UNTILL ALL THE OTHER INMATES WERE SEEN. WHEN THIS PLAINTIFF SAT DOWN TO TALK TO THE UNIDENTIFIED JANE DOE NURSE, BUT THE SECOND PLAINTIFF SAT DOWN DEFENDANT, % D. GROSS, WOULD NOT ALLOW THIS PLAINTIFF TO TALK TO THE JANE DOE NURSE WHERE % D. GROSS TOLD THE JANE DOE NURSE THAT SHE WAS NOT ALLOWED TO SEE PLAINTIFF AND THAT PLAINTIFF WAS TO GO BACK TO HIS CELL (MU-612) (SEE: BELOW PH#103) (EX#22) ①

\*

(103) AFTER EVENTS DESCRIBED WITHIN (PH#102) THIS PLAINTIFF WAS THEN ESCORTED BACK TO PLAINTIFF'S CELL (MU-612), WHERE UPON EXITING THE NORTH UPPERS CELL HOUSE HEALTHCARE, DEFENDANT'S, JO D. GROSS, JO YAUKEY, AND OTHER UNIDENTIFIED JOHN DOE'S, et al., STARTED TO THREATEN, HARASS, ASSAULT, AND USE EXCESSIVE FORCE ON THIS PLAINTIFF BY PUSHING/SHOVING PLAINTIFF INTO THE WALL AND TELLING PLAINTIFF THAT PLAINTIFF WILL NOT BE GETTING ANY MEDICAL CARE AT ALL AND THAT PLAINTIFF WAS ON DETHOLD FOR FILING GRIEVANCES AND LAWSUITS AGAINST ABOVE MENTIONED DEFENDANTS AND OTHER STAFF OF MEMPHIS WHERE PLAINTIFF WAS RETURNED TO PLAINTIFF'S CELL (MU-612) AND THEN DETHOLD AND NOT ALLOWED TO GO TO CHOW OR BE FEED A LUNCH TRAY. (1)

(104) LATER THAT SAME DAY AS DESCRIBED IN ABOVE (PH#102, #103) THIS PLAINTIFF WAS TAKEN OFF OF DETHOLD (ALLEGED DETHOLD) SO THAT PLAINTIFF COULD BE TAKEN ON HIS CALL PASS (EX#23) TO MAIN HEALTHCARE TO SEE DEFENDANT, DR. SHAH, AT ABOUT 12:00PM, AS A DIRECT RESULT OF THIS PLAINTIFF'S FAMILY (GARY BENT) FILING A COMPLAINT/E-MAIL WITH THE ILLINOIS DEPARTMENT OF CORRECTIONS (PH#100) TO DEFENDANT, DEDE SHORT FOR PLAINTIFF'S BROKEN RING FINGER AND RE-AGGRAVATED NECK INJURY. WHEN THIS PLAINTIFF WAS SEEN BY DEFENDANT, DR. SHAH ABOUT PLAINTIFF'S BROKEN RING FINGER AND RE-AGGRAVATED NECK INJURY. DEFENDANT, DR. SHAH, TOLD THIS PLAINTIFF THAT PLAINTIFF'S RING FINGER WAS NOT BROKEN AND THEN DR. SHAH TOOK PLAINTIFF'S MAKE SHIFT SPINT THAT DEFENDANT, NURSE JANE DOE #7 (TONG COMPRESSOR AND TIRE) ON AUGUST 29, 2017, GAVE PLAINTIFF AS ABOVE DESCRIBED WITHIN (PH#91) WHERE DR. SHAH WITHOUT ANY X-RAY REPORT (AS PREVIOUS X-RAY REPORT HAD YET RETURNED), AND DISPUTE NURSE JANE DOE #7, TELLING PLAINTIFF HIS RING FINGER WAS BROKEN AND A CHIP WAS LOOSE IN PLAINTIFF'S FINGER ON AUGUST 29, 2017 (PH#91) (EX#24) (1)

(105) DURING PLAINTIFF'S VISIT WITH DEFENDANT, DR. SHAH (PH#104) ON SEPTEMBER 02, 2017, THIS PLAINTIFF REQUESTED OF DR. SHAH FOR CARE FOR PLAINTIFF'S BROKEN RING FINGER, AND RE-AGGRAVATED NECK INJURY, AND OTHER MEDICAL ISSUES, AND REQUESTED THAT PLAINTIFF RECEIVE HIS RE-FILL OF MUSCLE RELAXERS PREVIOUSLY PRESCRIBED TO PLAINTIFF FOR HIS NECK INJURY, AND FOR AN M.R.I. OF PLAINTIFF'S NECK TO DIAGNOSE WHAT WAS WRONG WITH PLAINTIFF'S NECK, WHERE DEFENDANT, DR. SHAH, TOLD THIS PLAINTIFF THAT HE (SHAH) WAS NOT SEEING PLAINTIFF FOR HIS NECK ISSUES AND TOLD PLAINTIFF THAT HE (SHAH) WAS NOT GOING TO DO ANYTHING FOR THIS PLAINTIFF'S FINGER (RING) OR PLAINTIFF'S NECK, OR ANY OTHER MEDICAL ISSUE (EX#24) (1)

(106) ON SEPTEMBER 02, 2017, THIS PLAINTIFF FILLED AN EMERGENCY GRIEVANCE (EX#24) ADDRESSED TO DEFENDANT, WARDEN, J. LASHBROOK, WITHIN A SEALED ENVELOPE BY PLACING SAID GRIEVANCE WITHIN THE NORTH UPPERS CELL HOUSE'S INSTITUTIONAL MAIL BOX. (1)



(107) ON SEPTEMBER 02, 2017, THIS PLAINTIFF FILED AN ALMOST IDENTICAL IN CONTENT A GRIEVANCE AS DESCRIBED WITHIN (PH#106) AS A NON-EMERGENCY GRIEVANCE WITHIN A SEALED ENVELOPE ADDRESSED TO DEFENDANT, K. ALLSUP BY PLACING SAID GRIEVANCE WITHIN THE NORTH UPPERS CELL HOUSE COUNSELORS BOX.

(108) ON SEPTEMBER 03, 2017, THIS PLAINTIFF PLACED WITHIN THE NORTH UPPERS CELL HOUSE SICK CALL BOX A MEDICAL REQUEST SLIP (HAND WRITTEN) TO HEALTH CARE FOR, "① CONTINUED ISSUES WITH BROKEN FINGER (ALL TO NO AVAIL), ② CONTINUED REQUEST FOR MUSCLE RELAXERS FOR CHRONIC NECK ISSUES, SWELLING, PAIN, VISION, OTHER (ALL TO NO AVAIL) (M.R.I.), ...," AND OTHER MEDICAL ISSUES, ... ALL ABOVE REQUEST FOR LAST MONTH ALL TO NO AVAIL CONTINUED DEVIL OF CARE." (EX#25)

(109) ON SEPTEMBER 04, 2017, THIS PLAINTIFF WAS ON A NORTH UPPERS CELL HOUSE, SIX GALLERY (NU-612) LUNCH LINE MOVEMENT, WHERE ON THE SIX GALLERY FLAG BY CELL (NU-654) DEFENDANT, %YANKEY, AND ALSO UPON THIS PLAINTIFF PASSING THE NORTH UPPERS SGT. CAGE DEFENDANT, %FURLOW, STARTED TO THREATEN, HARASS, AND MAKE SEXUAL REMARKS AS ABOVE DEFENDANT. %YANKEY HAD ALSO MADE IN PASSING, ALL WITHOUT ANY PROVOKTION FROM THIS PLAINTIFF. ①

(110) ON SEPTEMBER 06, 2017, THIS PLAINTIFF PLACED WITHIN THE NORTH UPPERS CELL HOUSE SICK CALL BOX ON THIS PLAINTIFF'S WAY TO LEGAL EXCHANGE A MEDICAL REQUEST SLIP (HAND WRITTEN) TO HEALTH CARE FOR, "① CHRONIC PAIN TO BROKEN LEFT HAND RING FINGER, NEED PAIN MEDS; ② CHRONIC PAIN TO NECK, NEED PAIN MEDS, MUSCLE RELAXERS, M.R.I. TO DIOGNOSE WHATS WRONG." (EX#27)

(111) ON SEPTEMBER 06, 2017, AT ABOUT 12:00pm. MENARD CORRECTIONAL CENTER WENT ON A LEVEL ONE INSTITUTIONAL LOCKDOWN, AND REMAINED ON LEVEL ONE LOCKDOWN THROUGHOUT SEPTEMBER 26, 2017, THEN ON SEPTEMBER 27, 2017, THROUGHOUT OCTOBER 01, 2017, ON LEVEL FOUR (4) LOCKDOWN.

(112) ON SEPTEMBER 08, 2017, THE ILLINOIS DEPARTMENT OF CORRECTIONS, SOUTHERN FACILITIES ORANGE CRUSH SHOOK DOWN THE NORTH UPPERS CELL HOUSE TO INCLUDE THIS PLAINTIFF'S CELL (NU-612) [REDACTED] DURING THIS CELL HOUSE (NU) SHAKEDOWN INMATES TO INCLUDE THIS PLAINTIFF WERE HAND CUFFED BEHIND THE BACK AND ESCORTED FROM THE CELL HOUSE TO THE CHAPEL WITH HEADS DOWN FOR AT LEAST TWO (2) HOURS, WHERE IN DOING SO FURTHER RE-AGGRAVATED THIS PLAINTIFF'S NECK INJURY, AND BY BEING HAND CUFFED IN SUCH MANNER CAUSED CHRONIC PAIN TO PLAINTIFF BROKEN FINGER FROM SITTING IN A CHAIR FOR HOURS. (EX#27) ①



⑪③ ON SEPTEMBER 08, 2017, THIS PLAINTIFF PLACED WITHIN THE INSTITUTIONAL MAIL (DO TO LOCKDOWN) A MEDICAL REQUEST SLIP (HANDWRITTEN) WITHIN A SEALED ENVELOPE ADDRESSED TO HEALTHCARE REQUESTING CARE FOR,  
 ① CHRONIC PAIN TO BROKEN LEFT HAND RING FINGER, NEED PAIN MEDS;  
 ② CHRONIC PAIN TO NECK, SWELLING, OTHER DO TO ORANGE CRUSH SHAKEDOWN ON 09/08/2017 OF NORTH UPERS CELL HOUSE AGRIVATING NECK INJURY, PAIN MEDS, MUSCLE RELAXERS, M.R. I. TO DIAGNOSE WHAT IS WRONG; ... AND OTHER MEDICAL ISSUES. (EX#28)

⑪④ ON SEPTEMBER 10, 2017, DEFENDANT, % FURLOW, WAS PASSING OUT LUNCH TRAYS ON THE NORTH UPERS CELL HOUSE SIX GALLERY AT ABOUT 9:30 AM, AND ALSO PICKED UP TRASH AT ABOUT 10:00 AM, WHERE IN DOING SO AT BOTH ABOVE TIMES DEFENDANT, % FURLOW, UPON DOING SO AT THIS PLAINTIFF'S CELL (NU-612) % FURLOW STARTED TO THREATEN TO BEAT THIS PLAINTIFF'S ASS ①

⑪⑤ ON SEPTEMBER 10, 2017, THIS PLAINTIFF HANDED A UNIDENTIFIED JANE DOE NURSE AT ABOUT 8:00 AM A MEDICAL REQUEST SLIP (HANDWRITTEN) (EX#30) THAT IS IDENTICAL IN CONTENT AS ABOVE MEDICAL REQUEST SLIP DATED 09/08/2017 (PH#113, EX#29). (DO TO LOCKDOWN).

⑪⑥ ON SEPTEMBER 11, 2017, DEFENDANT, WARDEN, J. LASHBROOK, WHILE THE NORTH UPERS CELL HOUSE WAS STILL ON LOCKDOWN, MADE ROUNDS, WHERE UPON WARDEN, J. LASHBROOK PASSING BY THIS PLAINTIFF'S CELL (NU-612) PLAINTIFF STOPPED LASHBROOK AND INFORMED HER OF PLAINTIFF'S MEDICAL ISSUES AND NEEDS AS ABOVE DESCRIBED WITHIN THIS COMPLAINT REGARDING PLAINTIFF'S BROKEN RING FINGER, RE-AGRIVATED NECK INJURY AND NOT RECEIVING PAIN MEDICATION AND/OR PRESCRIBED PAIN MEDICATION AND/OR PRESCRIBED MUSCLE RELAXERS, ALONG WITH THE COMMITTED THREATS, ASSAULTS, EXCESSIVE FORCE, SEXUAL HARASSMENT AND ASSAULT, AND REQUESTED OF LASHBROOK FOR MEDICAL CARE AND TO ADDRESS ABOVE STATED ISSUES, WHERE DEFENDANT, WARDEN, J. LASHBROOK TOLD THIS PLAINTIFF TO STOP SUING STAFF AND STOP FILING GRIEVANCES AND THINGS MIGHT GET DONE, THEN DEFENDANT, LASHBROOK WALKED OFF. ①

⑪⑦ ON SEPTEMBER 11, 2017, THE ADMINISTRATIVE REVIEW BOARD RESPONDED TO THIS PLAINTIFF'S EMERGENCY GRIEVANCE DATED AUGUST 11, 2017, (PH#59, #68, EX#4, #31) FAILING TO ADDRESS ALL/OTHER ISSUES WITHIN THE GRIEVANCE ①

⑪⑧ ON SEPTEMBER 12, 2017, THE NORTH UPERS CELL HOUSE WAS STILL ON A LEVEL ONE LOCKDOWN, WHERE DEFENDANT, % FURLOW, WAS PICKING UP TRASH ON THE NORTH UPERS CELL HOUSE SIX GALLERY AT ABOUT 9:45 AM AND UPON PASSING THIS PLAINTIFF'S CELL (NU-612) % FURLOW AGAIN MADE THREATS TO BEAT THIS PLAINTIFF'S ASS AND OTHER, AND SEXUAL HARASSMENT TO THIS PLAINTIFF ①

(119) ON SEPTEMBER 12, 2017, THIS PLAINTIFF PLACED WITHIN THE NORTH UPPERS CELL HOUSE INSTITUTIONAL MAIL (OO TO LOCKDOWN) A MEDICAL REQUEST SLIP WITHIN A SEALED ENVELOPE ADDRESSED TO HEALTHCARE REQUESTING CARE FOR "① CHRONIC PAIN TO BROKEN LEFT HAND RING FINGER, NEED PAIN MEDS, ② CHRONIC PAIN TO NECK, SWELLING, OTHER OO TO ORANGE CRUSH SHAKEDOWN ON SEPTEMBER 08, 2017, OF NU-CELL HOUSE AGGRAVATING NECK INJURY, PAIN MEDS, MUSCLE RELAXERS, M.R.I., TO DIAGNOSE WHAT'S WRONG ③..." (EX#31)

(120) ON SEPTEMBER 13, 2017, THIS PLAINTIFF WAS SEEN WITHIN THE NORTH UPPERS CELL HOUSE HEALTHCARE AS A RESULT OF PLAINTIFF'S MEDICAL REQUEST SLIP DATED SEPTEMBER 10, 2017, (PH#115, EX#20) BY DEFENDANT, NURSE JANE DOE#5, WHERE NURSE JANE DOE#5 TOLD THIS PLAINTIFF THAT SHE WAS JUST RECENTLY CONTACTED BY THE ADMINISTRATION REGARDING PLAINTIFF'S BROKEN (RING) FINGER AND THAT SHE (NURSE JANE DOE#5) HAD REVIEWED PLAINTIFF'S MEDICAL RECORDS AND COULD NOT READ DEFENDANT DR. SHAH'S HAND WRITING (REFEXING TO DR. SHAH'S ENTRY FROM HIS VISIT WITH PLAINTIFF ON SEPTEMBER 02, 2017 (PH#104, #105)) AND THAT SHE (NURSE JANE DOE#5) COULD NOT FIND A SICK CALL REQUEST AND HAD NO CLUE AS TO WHAT OR WHY DEFENDANT, DR. SHAH, SAW THIS PLAINTIFF FOR OR ABOUT, WHERE THIS PLAINTIFF INFORMED HER THAT DR. SHAH SAW PLAINTIFF AS A RESULT OF PLAINTIFF'S FAMILY FILING A COMPLAINT ON THE WEB SIGHT ABOUT PLAINTIFF'S BROKEN RING FINGER (PH#100). NURSE JANE DOE#5 TOLD THIS PLAINTIFF THAT PLAINTIFF'S FINGER (RING) HAD A BROKEN PIECE (CHIP) OFF AND ALSO A FRACTURE (2-ISSUES), THEN NURSE JANE DOE#5 EXAMINED THIS PLAINTIFF'S NECK AND THAT SHE WOULD REQUEST THAT I RECEIVE MUSCLE RELAXERS AND PAIN MEDICATION, AND TO SEE A DOCTOR. ALL TO NO AVAIL (EX#32, 33, 34, 35)

(121) ON SEPTEMBER 13, 2017, DEFENDANT'S, DEDE SHORT, AND DEFENDANT, WARDEN LASHBROOK, RESPONDED TO THIS PLAINTIFF'S FAMILY (GARY BENTZ'S) COMPLAINT ON THE WEB SIGHT (PH#100, EX#21, 22) ALMOST TWO (2) WEEKS LATER ①

(122) ON SEPTEMBER 14, 2017, AS A RESULT OF THIS PLAINTIFF'S GRIEVANCE DATED: SEPTEMBER 02, 2017, (T37-9-17) (PH#107, [REDACTED]) THIS PLAINTIFF WAS TAKE TO THE MAIN HEALTHCARE (AS A ADD ON) FOR X-RAYS OF PLAINTIFF BROKEN RING FINGER (4-VIEWS) AT ABOUT 9:00AM, WHERE THIS PLAINTIFF WAS TOLD BY DEFENDANT, NURSE JANE DOE#7 THAT THE X-RAY SHOWED THAT THE FINGER (RING) HAS YET STARTED TO HEAL AT ALL AND WAS STILL BROKEN AND SHE DID NOTHING MORE FOR THIS PLAINTIFF. ① (AND NURSE JOHN DOE#8)

(123) ON SEPTEMBER 14, 2017, UPON THIS PLAINTIFF BEING LET OUT OF PLAINTIFF'S CELL (NU-612) TO GO TO HEALTHCARE FOR X-RAYS (PH#122) THIS PLAINTIFF WAS HAND CUFFED BEHIND THE BACK OO TO A LOCKDOWN AND SENT DOWN STAIRS BY DEFENDANT, 90 JOHN DOE#3, WHERE THIS PLAINTIFF WENT DOWN STAIRS FOR PLAINTIFF'S HEALTHCARE X-RAYS (PH#122). WHILE PLAINTIFF WAS WAITING BY THE NORTH UPPERS CELL HOUSE SGT. CAGE TO BE ESCORTED TO MAIN HEALTHCARE UNIT DEFENDANT, 90 FURLOW, AGAIN STARTED TO THREATEN TO BEAT PLAINTIFF'S ASS AND SEXUALLY HARASSING THIS PLAINTIFF, WHERE 90 FURLOW BENT OVER/METLED DOWN AND PUT HIS (90 FURLOW'S) HEAD/FACE IN THIS PLAINTIFF'S CROTCH (WHILE PLAINTIFF WAS HANDCUFFED) ①



BEHIND THE BACK. THIS PLAINTIFF STEPED BACK THEN 90 FURLOW STOOD UP AND SHOVED THIS PLAINTIFF INTO THE BARS OF THE 567. CAGE AND AGAIN STARTED TO THREATEN THIS PLAINTIFF AGAIN THIS TIME FOR PLAINTIFF STEPPING BACK TO REMOVE DEFENDANT, 90 FURLOW'S HEAD/FACE FROM PLAINTIFF'S CROTCH. THEN PLAINTIFF WAS ESCORTED TO THE HEALTHCARE UNIT AS ABOVE DESCRIBED WITHIN (PH#122) ①

(124) ON SEPTEMBER 16, 2017, ON THE 7am-3pm SHIFT, WHILE ON LOCKDOWN, THE NORTH UPPERS CELL HOUSE SIX (6) GALLERY WAS RAN TO SHOWERS TO INCLUDE THIS PLAINTIFF (NU-612), WHERE BOTH ON THE WAY TO AND FROM THE SHOWER DEFENDANT, 90 YANKEY, AND DEFENDANT, 90 D. GROSS, BOTH AGAIN SEXUALLY HARASSED, AND THREATENED THIS PLAINTIFF WITH EXCESSIVE FORCE ①

(125) ON SEPTEMBER 19, 2017, THIS PLAINTIFF PLACED WITHIN THE NORTH UPPERS CELL HOUSE'S INSTITUTIONAL MAIL (DO TO LOCKDOWN) A MEDICAL REQUEST SLIP ADDRESSED TO HEALTHCARE (HAND WRITTEN) IDENTICAL IN CONTENT (EX#36) ABOVE MEDICAL REQUEST SLIP. (PH#113, EX#29) ①

(126) ON SEPTEMBER 20, 2017, THIS PLAINTIFF WAS SEEN WITHIN THE NORTH UPPERS CELL HOUSE HEALTHCARE BY DEFENDANT, NURSE PRACTITIONER, MOLDENHAUER, REGARDING PLAINTIFF'S BROKEN FINGER AND OTHER MEDICAL (NECK) ISSUES, DO TO CONTINUED CHRONIC PAIN, ETC.--, WHERE MOLDENHAUER PUT PLAINTIFF IN FOR X-RAYS OF PLAINTIFF'S BROKEN FINGER IN TWO (2) WEEKS AND AGAIN IN FOUR (4) WEEKS TO SEE IF THIS PLAINTIFF' FINGER WAS STILL BROKEN, AND FINALLY PUT THIS PLAINTIFF IN TO SEE THE DOCTOR, BUT MOLDENHAUER DO NOTHING ELS FOR THIS PLAINTIFF AND DID NOT SPLINT PLAINTIFF'S FINGER OR GIVE ANY PAIN MEDICATION FOR PLAINTIFF'S CHRONIC PAIN, AND/OR ANYTHING FOR PLAINTIFF'S RE-AGGRAVATED NECK INJURY. (EX#37, 38) ①

(127) DURING THE ABOVE HEALTHCARE CALL PASS (SEE: PH#126) DEFENDANT, 90 YANKEY (WHILE PLAINTIFF WAS HAND CUFFED BEHIND THE BACK DO TO LEVEL ONE LOCKDOWN) TOLD THIS PLAINTIFF TO BEND OVER BECAUSE HE (YANKEY) WOULD LOVE TO STICK HIS (YANKEY'S) DICK INTO THIS PLAINTIFF'S ASS, AND WHERE YANKEY WENT ON TO TELL THIS PLAINTIFF HOW MUCH HE (YANKEY) WOULD LOVE TO SUCK THIS PLAINTIFF'S DICK ALONG WITH OTHER SEXUAL REMARKS AND GESTURES. ①



(128) ON SEPTEMBER 22, 2017, THIS PLAINTIFF PLACED WITHIN THE NORTH (MU-612) UPPERS CELL HOUSE INSTITUTIONAL MAIL (DO TO LOCKDOWN) A MEDICAL REQUEST SLIP WITHIN A SEALED ENVELOPE ADDRESSED TO HEALTHCARE REQUESTING CARE FOR, (1) CHRONIC PAIN TO BROKEN LEFT HAND RING FINGER, ECT...; (2) CHRONIC PAIN TO NECK, SWELLING, OTHER, ECT... (M.R.I.); (3) CHRONIC PAIN TO RIGHT HAND, ECT... (EX#40)

(129) ON SEPTEMBER 23, 2017, THIS PLAINTIFF PLACED WITHIN THE NORTH UPPERS CELL HOUSE (MU-612) INSTITUTIONAL MAIL (DO TO LOCKDOWN) WITHIN A SEALED ENVELOPE ADDRESSED TO THE GRIEVANCE OFFICE PLAINTIFF'S GRIEVANCES DATED: AUGUST 11, 2017; AUGUST 23, 2017; AND AN EMERGENCY GRIEVANCE DATED: AUGUST 11, 2017 (ALLEGEDLY DENIED). (1)

(130) ON SEPTEMBER 24, 2017, THIS PLAINTIFF PLACED WITHIN THE NORTH (MU-612) UPPERS CELL HOUSE INSTITUTIONAL MAIL (DO TO LOCKDOWN) A MEDICAL REQUEST SLIP WITHIN A SEALED ENVELOPE ADDRESSED TO HEALTHCARE IDENTICAL IN CONTENT AS ABOVE MEDICAL REQUEST IN PH#128. (EX#41)

(131) ON SEPTEMBER 25, 2017, FILED GRIEVANCES THROUGH THE INSTITUTIONAL MAIL TO THE GRIEVANCE OFFICER (MU-612). (1)

(132) ON SEPTEMBER 28, 2017 AT ABOUT 11:30AM, DEFENDANT, COUNSELOR, K. ALLSUP AT CELL MU-612 DURING ALLSUP'S ROUNDS THIS PLAINTIFF SHOWED ALLSUP THIS PLAINTIFF'S OBVIOUSLY BROKEN LEFT HAND RING FINGER AND OBVIOUSLY RE-AGGRAVATED NECK ISSUES, ALONG WITH OTHER MEDICAL ISSUES, WHERE THIS PLAINTIFF REQUESTED OF ALLSUP FOR MEDICAL CARE DO TO THIS PLAINTIFF'S CHRONIC PAIN AND OBVIOUSLY SERIOUS MEDICAL NEEDS. DEFENDANT, ALLSUP ACKNOWLEDGED THE SERIOUSNESS OF THIS PLAINTIFF'S MEDICAL NEEDS AND CHRONIC PAIN BUT REFUSED TO DO ANYTHING FOR THIS PLAINTIFF AT ALL, AND TOLD PLAINTIFF BROKEN BONES ARE NOT A CHRONIC ISSUE. (1)

(133) ON SEPTEMBER 28, 2017, THIS PLAINTIFF PLACED WITHIN THE NORTH (MU-612) UPPERS CELL HOUSE INSTITUTIONAL MAIL ANOTHER MEDICAL REQUEST SLIP (DO TO LOCKDOWN) ADDRESSED TO HEALTHCARE IDENTICAL IN CONTENT AS ABOVE MEDICAL REQUEST SLIP AS DESCRIBED WITHIN PH#128, AND 130. (EX#43)

(134) ON SEPTEMBER 30, 2017, THIS PLAINTIFF WAS SEEN WITHIN THE NORTH UPPERS HEALTHCARE AS A DIRECT RESULT OF PLAINTIFF'S MEDICAL SICK CALL REQUEST DATED SEPTEMBER 28, 2017 (SEE: PH #133) BY DEFENDANT, NURSE JANE DOE #6, WHERE THIS PLAINTIFF WAS CHARGED A FIVE DOLLAR (\$5.00) MEDICAL CO-PAY. NURSE JANE DOE #6 THEN TOLD THIS PLAINTIFF THAT PLAINTIFF WAS BEING CHARGED \$5.00 CO-PAY BECAUSE PLAINTIFF KEEPS PUTTING IN FOR SICK CALL REQUESTING PAIN MEDICATION AND CARE FOR PLAINTIFF'S SERIOUS MEDICAL NEED PLAINTIFF BROKEN LEFT RING FINGER AND FURTHER STATED THAT SHE (NURSE JANE DOE #6) WOULD DO NOTHING FOR PLAINTIFF BECAUSE "A BROKEN BONE IS NOT A CHRONIC ISSUE." (NOTION LO#1 EX#4445)

(135) ON OCTOBER 02, 2017, THIS PLAINTIFF WAS SEEN WITHIN THE NORTH UPPERS HEALTH CARE AS A DIRECT RESULT OF PLAINTIFF'S FAMILY (MR. DEWZ) E-MAILING AND CALLING I.D.O.C./MEMPHIS ABOUT THIS PLAINTIFF'S BROKEN LEFT RING FINGER AND CHRONIC PAIN, AND DENIAL OF MEDICAL CARE, WHERE THIS PLAINTIFF WAS SEEN BY DEFENDANT, DOCTOR SIDDQUI SAID DOCTOR TOLD THIS PLAINTIFF HE WOULD PRESCRIBE PLAINTIFF A THREE (3) MONTH PRESCRIPTION OF T.B.U.'S 600mg 3X PER DAY, AND A THREE (3) MONTH PRESCRIPTION OF MUSCLE RELAXERS, AND WOULD PUT PLAINTIFF IN FOR X-RAYS OF PLAINTIFF'S BROKEN LEFT RING FINGER, BUT HE COULD NOT DO ANYTHING MORE FOR PLAINTIFF BECAUSE "WEXFORD HEALTH SERVICE WOULD NOT LET HIM DO ANYTHING." (EX#46,47)

(136) ON OCTOBER 02, 2017, THIS PLAINTIFF RECEIVED EMERGENCY GRIEVANCE RESPONSE FROM THE ADMINISTRATIVE REVIEW BOARD

(137) ON OCTOBER 04, 2017, ON THIS PLAINTIFF'S WAY FROM PLAINTIFF'S CELL TO GO ON A LEGAL EXCHANGE CALL PASS TO MAIN PROPERTY, JUST OUTSIDE OF THE SGT. CAGE OF THE NORTH UPPERS DEFENDANT GROSS STARTED TO SEXUALLY HARASS THIS PLAINTIFF AT ABOUT 8:15 AM.

(138) ON OCTOBER 04, 2017, LATER THAT SAME DAY THIS PLAINTIFF WAS RETURNING FROM THE YARD WITH NU-6 GALLERY DEFENDANT, JASON FURLOW SEXUALLY HARASSED THIS PLAINTIFF AT ABOUT 2pm ON THE NU-6 GALLERY FLAG.

(139) ON OCTOBER 08, 2017, THIS PLAINTIFF WAS ON THE WAY TO YARD AND AGAIN ON THE WAY BACK FROM YARD (BOTH) WITH THE NU-6 GALLERY AT ABOUT 11:00am AND AGAIN AT 2:00pm BOTH DEFENDANTS, JASON FURLOW AND MASON VANKEY THREATENED TO BEAT THIS PLAINTIFF'S ASS AND SEXUALLY HARASSED THIS PLAINTIFF.

(140) ON OCTOBER 10, 2017, THIS PLAINTIFF WAS TAKEN TO MAIN HEALTHCARE FOR X-RAYS, WHERE TWO (2) VIEWS OF PLAINTIFF'S LEFT RING FINGER WERE TAKEN. BY DEFENDANT, JANE DOE #7 (NURSE) (EX#4849)



(141) ON OCTOBER 10, 2017, ON THIS PLAINTIFF'S WAY TO AND FROM THE NU-CELL HOUSE AND/OR HEALTHCARE FOR X-RAYS (PH#140) AND THROUGHOUT THE DAY 7AM-3AM DEFENDANT, FURLOW HAD THIS PLAINTIFF'S GALLERY SIX (MU-612), WHERE UPON FURLOW KEYING IN AND OUT THIS PLAINTIFF FOR PLAINTIFF'S CALL PHASES AND UPON FURLOW PASSING PLAINTIFF'S CELL (MU-612) DOING ROUNDS, DEFENDANT FURLOW EVERY TIME HE PASS/STOPPED AT PLAINTIFF'S CELL (ALL DAY LONG) FURLOW SEXUALLY HARASSED, MADE SEXUAL JESTES, AND THREATENED TO BEAT THIS PLAINTIFF. (1)

(142) ON OCTOBER 11, 2017, THIS PLAINTIFF WAS SCHEDULED FOR A LEGAL CALL WITHIN THE CHAPEL, WHERE PLAINTIFF WAS ESCORTED FROM THE NORTH LAPPERS CELL HOUSE (MU-612) TO AND FROM THE CHAPEL BY DEFENDANT FURLOW DURING BOTH MOVEMENTS (TO AND FROM) FURLOW STARTED TO GRAB PLAINTIFF'S LEFT ARM JUST ABOVE THE ELBOW PUSHING AND PULLING PLAINTIFF BRUISING PLAINTIFF'S ARM TELLING PLAINTIFF TO SWING ON HIM (FURLOW) SO FURLOW COULD BEAT PLAINTIFF'S ASS, AND FURLOW WENT ON TELLING PLAINTIFF, "I WANT TO JUST SHOVE MY DICK DOWN YOUR" (PLAINTIFF'S) "THROUGHT", WHERE FURLOW AT ABOUT 11:15AM ALSO TOLD PLAINTIFF THAT HE (FURLOW) STATING: "I SHOULD JUST SHOVE MY DICK DOWN YOUR FUCKING THROUGHT" THIS ALSO OCCURRED ON THE WAY BACK AT ABOUT 12:10pm. (1)

(143) ON OCTOBER 12, 2017, AT ABOUT 10:20AM DURING A MU-6 GALLERY LUNCH LINE MOVEMENT DEFENDANT'S, FURLOW AND GROSS BOTH TOLD THIS PLAINTIFF THAT THEY WERE GOING TO BEAT THE SHIT OUT OF ME, WHERE UPON RETURNING FROM THE CHOW HALL AT ABOUT 10:45AM DEFENDANTS FURLOW, GROSS, AND SGT. JAMES AND MADE THE SAME THREATS AND FURLOW, AND GROSS ALSO STARTED TO SEXUALLY HARASS THIS PLAINTIFF. (1)

(144) ON OCTOBER 12, 2017, THIS PLAINTIFF SENT JOHN HOWARD ACCOVIATION ("PREA") A LETTER REGARDING THE SEXUAL HARASSMENT AND/OR SEXUAL ASSAULT AND BATTERY OF DEFENDANTS, FURLOW, VANKEY, AND D. GROSS WITH AN INSTITUTIONAL MONEY VOUCHER. (EX#50)

(145) ON OCTOBER 12, 2017, THIS PLAINTIFF PUT IN A REQUEST SLIP TO SEE MENTAL HEALTH BY PUTTING IT WITHIN THE MU-CELL HOUSE BOX REQUESTING "TO SPEAK TO MENTAL HEALTH IN PRIVATE" REGARDING THE DEFENDANTS' ABOVE DESCRIBED ACTIONS AS LATER DESCRIBED IN THIS COMPLAINT. (EX#51)

(146) ON OCTOBER 14, 2017, AT ABOUT 9:15AM DURING THE MU-6 GALLERY LINE MOVEMENT BOTH TO AND FROM THE CHOW HALL (AND AGAIN RE-RETURNING) JUST OUTSIDE OF THE MU-CELL HOUSE DEFENDANT, LT. QUALLS THREATENED TO BEAT THIS PLAINTIFF'S ASS AFTER REQUESTING LT. QUALLS OF THE CONTINUED THREATS AND SEXUAL HARASSMENT AND/OR OTHER OF DEFENDANTS FURLOW, GROSS, VANKEY, AND SGT. JAMES TO THIS PLAINTIFF AS ABOVE DESCRIBED WITHIN THIS COMPLAINT, BUT LT. QUALLS ALSO WENT ON TO TELL PLAINTIFF THAT PLAINTIFF SHOULD HAVE THOUGHT ABOUT THAT BEFORE SUING HIM (LT. QUALLS) (NOTE PLAINTIFF AS A COURSE OF ACTIONS WHERE (MUL) QUALLS IS A NAMED PARTY (1)



(147) FURTHERMORE ON OCTOBER 14, 2017, AS DESCRIBED WITHIN ABOVE PH#146 OF THIS COMPLAINT UPON THIS PLAINTIFF BOTH GOING TO AND COMING FROM THE CHOW HALL ON THE SIX (6) GALLERY FLAG OF MU-CELL HOUSE DEFENDANT'S, YANKEY, GROSS, AND FURLOW THREATENED TO BEAT PLAINTIFF AND SEXUALLY HARASSED THIS PLAINTIFF. ①

(148) ON OCTOBER 17, 2017, THIS PLAINTIFF WAS ON A COMISARY LINE MOVEMENT WITH SIX (6) GALLERY WHERE ON THE 6-GALLERY FLAG DEFENDANT, GROSS THREATENED TO BEAT PLAINTIFF, AND FURTHERMORE WHILE THIS PLAINTIFF WAS IN COMISARY DEFENDANT, FURLOW ALSO THREATENED AND SEXUALLY HARASSED THIS ~~PLAINTIFF~~ PLAINTIFF AS ABOVE DESCRIBED. ①

(149) ON OCTOBER 18, 2017, THIS PLAINTIFF WAS ON A LUNCH LINE MOVEMENT WITH MU-6-GALLERY, WHERE ON THE 6-GALLERY FLAG BOTH COMING FROM AND GOING TO CHOW DEFENDANT'S, FURLOW, GROSS, AND YANKEY SEXUALLY HARASSED, AND BLOWED KISSES, CALLING PLAINTIFF A FAG, THEIR GIRL, ETC. -- AND OTHER ①  
(NOTE: PLAINTIFF IS NOT GAY)

(150) ON OCTOBER 19, 2017, AT ABOUT 11:00 AM THIS PLAINTIFF WAS RETURNING FROM A WRIT IN THE U.S.D.C./S.D.I.L (BENTZ (V) COWAN) WHICH WAS CANCELLED, WHERE PLAINTIFF WAS ON THE MU-6-GALLERY FLAG WAITING FOR A JOHN DOE 90 GALLERY OFFICER TO KEY OPEN THE 6-GALLERY DOOR DEFENDANT, GROSS AGAIN STARTED TO SEXUALLY HARASS THIS PLAINTIFF. ①

(151) AS A RESULT OF PLAINTIFF REQUEST SLIP TO MENTAL HEALTH DATED OCTOBER 12, 2017, (PH#145) ON OCTOBER 19, 2017, AT ABOUT 1:30 PM WITHIN THE MU-CELL HOUSE MENTAL HEALTH CAME TO TALK TO THIS PLAINTIFF IN PRIVATE ABOUT THE ACTIONS OF DEFENDANT'S, FURLOW, YANKEY, AND GROSS AS ABOVE DESCRIBED WITHIN THIS ACTION. ①

(152) ON OCTOBER 20, 2017, AT ABOUT 11:45 AM AT PLAINTIFF'S CELL MU-612 DEFENDANT, GROSS (AND TWO (2) NEW TRAINEES SO'S) STOPPED AT THIS PLAINTIFF'S CELL AND THREATENED TO OPEN PLAINTIFF'S CELL DOOR AND BEAT PLAINTIFF'S ASS, WITH HIS KEY IN THE DOOR TURNED TELLING PLAINTIFF TO COME OUT OF HIS CELL, WHERE PLAINTIFF REFUSED TO DO SO AFTER ABOUT FIVE (5) MINUTS GROSS LEFT. ①

(153) ON OCTOBER 20, 2017, DEFENDANT'S, GROSS, SGT. MIKE MCCLURE, AND 90 CHRISTOPHE FRITSCH REFUSED TO ALLOW THIS GRIEVANT TO GO TO LAW LIBRARY DISPUTE KNOW COURT DEADLINES AND PLAINTIFF BEING ON THE CALL LINE IN RETALIATION FOR PLAINTIFF FILING GRIEVANCES ON SAID STAFF. ①

(154) ON OCTOBER 22, 2017, THIS PLAINTIFF WAS ON A MU-6-GALLERY LUNCH LINE MOVEMENT, WHERE ON THE MU-6-GALLERY FLAG DEFENDANT, YANKEY AGAIN THREATENED AND SEXUALLY HARASSED THIS PLAINTIFF. ①



(155) ON OCTOBER 23, 2017, THIS PLAINTIFF WAS BEING ESCORTED FROM THE (EX#53) MU-CELL HOUSE TO HEALTHCARE FOR X-RAYS AND WAS AGAIN THREATENED AND SEXUALLY HARASSED BY THE ESCORTING % DEFENDANT, FURLOW. (3-VIEWS IN ALL 4<sup>TH</sup> FINGER)

(156) ON OCTOBER 23, 2017, THIS PLAINTIFF PLACED WITHIN THE MU-SICK CALL BOX A HAND WRITTEN REQUEST FOR I.B.U'S AND MUSCLE RELAXOR REFILL FOR THIS PLAINTIFF'S CHRONIC PAIN.

(157) ON OCTOBER 24, 2017, THIS PLAINTIFF WAS SEEN BY DEFENDANT, M.P. MIKE MOLDENHAUER WITHIN THE MU-CELL HOUSE SICK CALL AREA REGARDING PLAINTIFF'S X-RAYS OF 4<sup>TH</sup> RING FINGER (LEFT HAND) ON OCTOBER 10, 2017 (PH#14), WHERE MOLDENHAUER GAVE THIS PLAINTIFF THREE (3) CONFLICTING X-RAY RESULTS (1) THAT PLAINTIFF'S LEFT 4<sup>TH</sup> RING FINGER IS HEALED, (2) THAT PLAINTIFF'S LEFT 4<sup>TH</sup> RING FINGER WAS FRACTURED AND HEALING, (3) THAT PLAINTIFF'S LEFT 4<sup>TH</sup> RING FINGER WAS STILL BROKEN. THIS PLAINTIFF WAS AGAIN SCHEDULED FOR X-RAYS IN TWO WEEKS. (EX#54)

(158) FURTHERMORE, ON OCTOBER 24, 2017, AS ABOVE DESCRIBED IN PH#157 DEFENDANT, MOLDENHAUER TOLD THIS PLAINTIFF THAT HIS VISIT WITH PLAINTIFF WAS TO REVIEW PLAINTIFF'S X-RAY'S (4<sup>TH</sup> LEFT RING FINGER) OF OCTOBER 10, 2017, BUT THAT THE X-RAY REPORT WAS NOT BACK YET, AND THAT MOLDENHAUER WAS SEEING PLAINTIFF JUST TO LET PLAINTIFF KNOW THAT PLAINTIFF WOULD BE RE-SCHEDULED IN TWO (2) WEEKS, BECAUSE PAPERS WERE ALREADY PASSED OUT. DISPIE MOLDENHAUER'S PREVIOUS CONFLICTING STATEMENTS (PH#157) MOLDENHAUER WENT ON TO TELL THIS PLAINTIFF WITHOUT LOOKING AT PLAINTIFF'S MEDICAL RECORDS THAT PLAINTIFF'S 4<sup>TH</sup> LEFT RING FINGER WAS AN OLD HEALED FRACTURE AND AGAIN LATER TOLD PLAINTIFF THE X-RAY SHOWED PLAINTIFF'S LEFT 4<sup>TH</sup> FINGER HAD STARTED TO HEAL. DEFENDANT, MOLDENHAUER GAVE THIS PLAINTIFF SO MANY COUNTERDIKTIVE X-RAY FINDINGS OFF OF AN X-RAY REPORT FOR X-RAYS OF 10/10/2017 THAT MOLDENHAUER HAD NOT EVEN RECEIVED BACK YET, BUT SINCE THIS PLAINTIFF HAD JUST HAD X-RAYS TAKE AGAIN ON OCTOBER 23, 2017, MOLDENHAUER WOULD RE-SCHEDULE TO SEE THIS PLAINTIFF IN TWO (2) WEEKS WHEN MOLDENHAUER HAD RECEIVED BOTH X-RAY REPORTS FOR OCTOBER 10, 2017, AND OCTOBER 23, 2017. (EX#54)

(159) ON [REDACTED] NOVEMBER 02, 2017, DEFENDANT, LASHBROOK DEMIED THIS PLAINTIFF'S EMERGENCY GRIEVANCE DATED OCTOBER 10, 2017. (#08-11-17)

(160) ON NOVEMBER 02, 2017, DURING A LUNCH LINE MOVEMENT OF MU-6-GALLERY BOTH GOING AND RETURNING DEFENDANT, FURLOW THREATENED AND SEXUALLY HARASSED THIS PLAINTIFF AS ABOVE DESCRIBED WITHIN THIS COMPLAINT.



(161) ON NOVEMBER 10, 2017, THIS PLAINTIFF WENT ON A CALL PASS TO HEALTHCARE AT ABOUT 8:30AM (MU-612) TO SEE DEFENDANT, DR. SIDDIQUI IN THE MAIN HEALTHCARE UNIT, AUTHORIZED BY DEFENDANT, CHRISTA MAHREK FOR PLAINTIFF'S BROKEN LEFT 4TH RING FINGER X-RAYS, WHERE SIDDIQUI TOLD THIS PLAINTIFF THAT HE (SIDDIQUI) CAN NOT DO ANYTHING NOW FOR THIS PLAINTIFF'S BROKEN FINGER BECAUSE IT WAS TOO LATE IT HAD STARTED TO HEAL AND THAT THIS PLAINTIFF SHOULD HAVE SAID SOMETHING SOONER. (AS IF THIS WAS THE FIRST COMPLAINT PLAINTIFF HAD MADE PER BROKEN FINGER) (EX #58, 59) ①

(162) ON NOVEMBER 10, 2017, THIS PLAINTIFF PUT WITHIN THE MU-SICK CALL BOX A REQUEST FOR PLAINTIFF'S PRESCRIPTION REFILL[S] OF I.B.U.'S 600mg AND MUSCLE RELAXERS, ALL TO NO AVAIL. ①

(163) ON NOVEMBER 20, 2017, DEFENDANT, K. ALLSUP MADE ROUNDS AND CAME TO THIS PLAINTIFF'S CELL MU-612, WHERE THIS PLAINTIFF REQUESTED OF ALLSUP OF ISSUES WITH DEFENDANT'S, FURLOW, YANKEY, GROSS, SGT. JAMES, AND OTHERS REGARDING THE COUNTLESS THREATS TO BEAT PLAINTIFF'S ASS, ASSAULT AND BATTERY, SEXUAL ASSAULT AND BATTERY, SEXUAL HARASSMENT AND OTHER AS ABOVE DESCRIBED WITHIN THIS ACTION OF SAID DEFENDANT'S, DEFENDANT, ALLSUP REFUSED TO DO ANYTHING FOR THIS PLAINTIFF AND TOLD PLAINTIFF "TOUGH SHIT", AND THIS PLAINTIFF FURTHER INFORMED DEFENDANT, ALLSUP OF THE COUNTLESS ISSUES OF PLAINTIFF NOT GETTING MEDICAL CARE AND/OR RE-FILLS OF PAIN MEDS AND MUSCLE RELAXERS DISOBEY PLAINTIFF'S PRESCRIPTION AND/OR COUNTLESS ATTEMPTS TO GET SAID DONE. DEFENDANT, ALLSUP TOLD PLAINTIFF THAT SHE HAD NOTHING TO DO WITH MEDICAL AND WOULD NOT DO ANYTHING FOR PLAINTIFF BECAUSE PLAINTIFF IS SUING HER (ALLSUP) THEN ALLSUP WALKED OFF DOING NOTHING FOR PLAINTIFF. ①

(164) ON NOVEMBER 21, 2017, THIS PLAINTIFF FILED GRIEVANCE #8-11-17 DATED 10/10/2017 (A DENIED EMERGENCY GRIEVANCE) WITHIN A SEALED ENVELOPE ADDRESSED TO DEFENDANT, ALLSUP BY PLACING SAID GRIEVANCE WITHIN THE NORTH LAPERS COUNSELLOR BOX. ①

(165) ON NOVEMBER 30, 2017, THE NORTH LAPERS (MU) CELL HOUSE WHERE THIS PLAINTIFF LIVED (MU-612) WAS SHOOK DOWN BY THE SOUTHERN ILLINOIS TACK TEAM (ORANGE CRUSH). DEFENDANT, ANDERSON (TACK) SHOOK THIS PLAINTIFF'S CELL DOWN TAKING THIS PLAINTIFF'S NON-CONTRABAND WALKMAN, PLAINTIFF'S LEGAL MATERIALS TO INCLUDE EXHIBITS (MOST OF), PLAINTIFF'S WRITING SUPPLIES (i.e. PAPER, PENS, ECT...), AND PLAINTIFF'S PRESCRIBED PAIN MEDICATION AND PRESCRIBED MUSCLE RELAXERS, WHERE PLAINTIFF LATER ATTEMPTED TO GET RE-FILLED PER PRESCRIPTION, BUT COULD NOT WITHOUT THE BUBBLE SHEET / CARD[S] THAT DEFENDANT, ANDERSON HAD TAKEN LEAVING PLAINTIFF IN CHRONIC PAIN AS BELOW DESCRIBED WITHIN THIS COMPLAINT AND UNABLE TO GET REFILLS DISOBEY PLAINTIFF'S WRITTEN REQUEST. (NOTE: DID NOT PUT ITEMS ON SHAKEDOWN SLIP). (EX #63) ①

(166) ON DECEMBER 01, 2017, THIS PLAINTIFF PLACED WITHIN THE INSTITUTIONAL MAIL (MU-612) DO TO LOCKDOWN A HAND WRITTEN MEDICAL REQUEST FOR THIS PLAINTIFF'S RE-AGGRAVATED NECK INJURY DO TO THE (TACK) ORANGE CRUSH SHAKEDOWN POLICY OF HEADS DOWN FOR HOURS ON END, AND FOR THIS PLAINTIFF'S CHROMIC NECK AND FINGER PAIN, BROKEN LEFT 4<sup>TH</sup> FINGER, AND FOR PLAINTIFF'S PRESCRIBED REFILLS (i.e. I.B.U.'S, AND MUSCLE RELAXERS) THAT DEFENDANT ANDERSON TOOK AS ABOVE DESCRIBED WITHIN (PH#164) OF THIS COMPLAINT. (EX#65)

(167) ON DECEMBER 05, 2017, AS A DIRECT RESULT OF THIS PLAINTIFF'S MEDICAL SICK CALL REQUEST OF DECEMBER 01, 2017 (PH#166) WAS SEEN WITHIN THE MU-CELL HOUSE SICK CALL BY A NURSE DEFENDANT, NURSE JANE DOE#9, WHERE SHE COMPLETELY REFUSED TO DO ANYTHING FOR THIS PLAINTIFF AT ALL. (EX#68)

(168) ON DECEMBER 05, 2017, ON THIS PLAINTIFF'S WAY TO THE MU-SHOWER AND ALSO ON THE WAY BACK TO PLAINTIFF'S CELL MU-612 AFTER SHOWER DEFENDANT, THREADGILLE (ON THE 3pm TO 11pm SHIFT) UPON PLAINTIFF REQUESTING TO SEE THE NURSE MED TECK WHEN THEY CAME INTO THE HOUSE, TOLD THIS PLAINTIFF THAT HE (THREADGILLE) SHOULD BEAT PLAINTIFF FOR FILING GRIEVANCES ON STIFF AND THAT HE (THREADGILLE) WOULD DO NOTHING FOR THIS PLAINTIFF. (1)

(169) ON DECEMBER 06, 2017, ON THIS PLAINTIFF'S WAY TO AND FROM THE MU-6-GALLORY TO/FROM CHOW HALL WITHOUT ANY KIND OF PROVOKTION ON 6-6-FLAG DEFENDANT, THREADGILLE THREATENED TO BEAT THE HOLLY SHIT OUT OF THIS PLAINTIFF FOR NO REASON AT ALL. (1)

(170) ON DECEMBER 07, 2017, [REDACTED] DEFENDANT, LT/MAJOR, JOHN DOE#10, (1/1) OF INTERNAL AFFAIRS INTERVIEWED THIS [REDACTED] PLAINTIFF REGARDING PLAINTIFF'S GRIEVANCE #137-9-17, DATED 09/02/2017, AT THE REQUEST OF THE ADMINISTRATIVE REVIEW BOARD, PER ABOVE DESCRIBED ISSUES WITHIN THIS COMPLAINT. (1)

(171) ON DECEMBER 20, 2017, AT ABOUT 8:00AM, DEFENDANT, SGT FURLOW CAME TO THIS PLAINTIFF'S CELL (MU-612) AND STARTED TO THREATEN TO BEAT THIS PLAINTIFF'S ASS AND "FUCK" PLAINTIFF'S THINGS UP, AND TOLD PLAINTIFF TO PACK HIS "SHIT" BECAUSE PLAINTIFF WAS MOVING AND PLAINTIFF'S CELLY WAS ALSO MOVING. (1)

(172) ON DECEMBER 20, 2017, UPON THIS PLAINTIFF EXITING CELL MU-612 TO MOVE DEFENDANT'S, FURLOW, YANKEE, AND GROSS WERE STANDING OUTSIDE OF PLAINTIFF'S CELL MU-612, WHERE THEY ALL (3) STARTED TO THREATEN TO BEAT PLAINTIFF AND SEXUALLY HARASS PLAINTIFF TRYING TO PROVOK PLAINTIFF INTO DOING SOMETHING THAT THEY COULD USE TO JUSTIFY BEATING PLAINTIFF'S ASS. (1)



(173) FURTHERMORE, ON DECEMBER 20, 2017, DEFENDANT'S, FURLOW, YANKEY, GROSS, AND SGT. JAMES WOULD NOT LET THIS PLAINTIFF USE A CART TO MOVE PLAINTIFF'S PROPERTY DOWN THE GALLERY FROM PLAINTIFF'S CELL NU-42 TO ABOUT NU-654, WHERE THIS PLAINTIFF WAS FORCED TO CARRY PLAINTIFF'S PROPERTY BOXES TO THE NU-6-GALLERY FLAG KNOWING OF THIS PLAINTIFF'S LEFT 4<sup>TH</sup> RING FINGER INJURY, AND LEFT SIDE NECK INJURIES, AND BACK ISSUES, CAUSING 5<sup>TH</sup> AND INJURIES TO BE RE-AGGRAVATING [ED]. WHEN THIS PLAINTIFF REQUESTED OF DEFENDANTS, FURLOW, YANKEY, GROSS, AND SGT. JAMES THEY RESPONDED BY THROWING PLAINTIFF'S PROPERTY DOWN THE STAIRS (ALL FLIGHTS) FROM THE SIX (6) GALLERY TO THE GROUND. FLOOR FLINGING ALL PLAINTIFF'S PROPERTY ALL OVER THE PLACE DESTROYING SOME OF PLAINTIFF'S PROPERTY, TELLING PLAINTIFF THAT PLAINTIFF SHOULD NOT HAVE FILED GRIEVANCES ON THEM. THE THREATS JOINTLY CONTINUED FROM ALL (4) ABOVE DEFENDANTS FROM SEXUAL ASSAULT AND BATTERY, TO BOGUS DISCIPLINARY SANCTIONS/TICKET, AND SEGREGATION FOR OVER ONE HOUR. ①

(174) ON DECEMBER 20, 2017, WHILE THIS PLAINTIFF WAS PICKING UP PLAINTIFF'S PROPERTY AS ABOVE DESCRIBED IN PH# 173 THIS PLAINTIFF WAS SCHEDULED FOR A "LEGAL CALL", WHERE DEFENDANT, FURLOW TOOK THIS PLAINTIFF'S CALL PASS FOR LEGAL CALL AND TOLD PLAINTIFF TO SIGN ON IT REFUSE AND PLAINTIFF'S NAME AND NUMBER. THIS PLAINTIFF REFUSED TO SIGN UNTILL AFTER DEFENDANT, FURLOW SLAMED PLAINTIFFS HEAD INTO THE BARS, WHERE FURLOW ALSO FORCED PLAINTIFF TO SIGN ANOTHER PIECE OF PAPER INDICATING PLAINTIFF REFUSED. THIS PLAINTIFF NEVER REFUSED PLAINTIFF'S LEGAL CALL, BUT UPON ASKIN DEFENDANTS FURLOW, YANKEY, AND SGT. JAMES, AND OTHER UNIDENTIFIED JOHN DOE'S, et al, TO TAKE PLAINTIFF TO THE CHAPEL FOR PLAINTIFF'S LEGAL CALL THEY ALL REFUSED TO DO SO DENYING PLAINTIFF OF HIS CALL WITH HIS LAWYER IN BENTLEY HALL, USDC/SDIL, PLAINTIFF WAS LATER MOVED TO SOUTH UPPERS CELL HOUSE, CELL #846 (SU-846) ①

(175) UPON THIS PLAINTIFF ARRIVING WITHIN THE SOUTH UPPERS CELL HOUSE PLAINTIFF REQUESTED TO GO TO MEDICAL FOR PLAINTIFF'S REAGGRAVATED INJURIES AS ABOVE DESCRIBED WITHIN PH# 173, 174 OF UNIDENTIFIED JOHN DOE'S, et al, WHO TOLD THIS PLAINTIFF TO PUT IN A SICK CALL BECAUSE THEY WOULD NOT GET PLAINTIFF MEDICAL CARE.

(176) BETWEEN THE DATES OF DECEMBER 20, 2017 WITHIN THE SOUTH UPPERS CELL HOUSE AND THE DATE OF MARCH 30, 2018, THIS PLAINTIFF HAS CONTINUALLY PUT IN FOR MEDICAL CARE BY MEANS OF A HAND WRITTEN REQUEST PER ALL ABOVE ISSUES BY PLACING SAID REQUEST WITHIN THE SU-SICK CALL BOX ALL TO NO AVAIL, WHERE PLAINTIFF HAS ALSO REQUESTED FOR MEDICAL CARE FOR ABOVE MEDICAL ISSUES OF SEVERAL UNIDENTIFIED JOHN AND JAKE DOE'S, et al, ALL TO NO AVAIL WHERE PLAINTIFF IS TOLD TO PUT IN A SICK CALL SLIP/REQUEST TO INCLUDE DEFENDANT, JASON WALLER ALL TO NO AVAIL.

(177) ON JANUARY 26, 2018, THIS PLAINTIFF WAS SEEN WITHIN THE SOUTH UPERS CELLHOUSE HEALTHCARE BY DEFENDANT, MOLDEHAEVER FOR PLAINTIFF'S MEDICAL ISSUES UNRELATED TO THIS ACTION, WHERE PLAINTIFF REQUESTED CARE FOR THIS PLAINTIFF'S LEFT RING FINGER (SERIOUS MEDICAL NEED) AND CHRONIC PAIN. DEFENDANT, MOLDEHAEVER REFUSED TO DO ANYTHING FOR PLAINTIFF AND TOLD THIS PLAINTIFF "IF YOU WANT MEDICAL CARE YOU WILL HAVE TO SUE ME" TO QUOTE MOLDEHAEVER. THIS PLAINTIFF WAS DENIED OF ANY CARE FOR PLAINTIFF'S SERIOUS MEDICAL NEEDS AND CHRONIC PAIN (BOTH WERE OBVIOUS)

(178) ON MARCH 30, 2018 THIS PLAINTIFF WAS SEEN WITHIN THE SOUTH UPERS CELL HOUSE (SU-846) HEALTHCARE BY DEFENDANT, NURSE MISS MEERS REGARDING PLAINTIFF'S SERIOUS MEDICAL NEEDS AND CHRONIC PAIN TO PLAINTIFF'S LEFT RING FINGER, AND OTHER MEDICAL ISSUES UNRELATED TO THIS ACTION, WHERE DEFENDANT WALLER WAS ALSO IN THE ROOM IN VIOLATION OF H.I.P.A.A. ACT. DEFENDANT MEERS LEARNED OF PLAINTIFF'S LAWSUIT (BENZU) MAVER MEERS REFUSED TO DO ANYTHING FOR THIS PLAINTIFF DISMISS PLAINTIFF'S OBVIOUSLY SERIOUS MEDICAL NEEDS AND CHRONIC PAIN.

(179) THIS PLAINTIFF HAS CONTINUALLY FILED OTHER GRIEVANCES, NOT MENTIONED WITHIN THIS COMPLAINT REGARDING ISSUES AND/OR DEFENDANTS' WITHIN THIS ACTION MOST IF NOT ALL TO NO AVAIL.

(180) THE DEFENDANT, WEXFORD HEALTH SERVICE HAS A HISTORY OF NOT KEEPING ADEQUATE MEDICAL RECORDS ON INMATES MAKING INMATES RECORDS (MEDICAL RECORDS) WORTHLESS (TO INCLUDE THIS PLAINTIFF'S MEDICAL RECORDS) AS PREVIOUS EXPERT REPORTS (RECENT REPORTS) HAVE SHOWN, AND THEY ARE GETTING EVEN WORSE WITHIN I.D.O.C. AS A WHOLE.

(181) THERE IS ABSOLUTELY NO ACCOUNTABILITY FOR ANY DEFENDANT[S] ACTION[S], LACK OF ACTION[S], FAILURE TO ACT WITHIN THIS ACTION AS DESCRIBED IN THIS ACTION TO THE DEFENDANT[S] THEMSELVES PERSONALLY WHETHER PLAINTIFF PREVAILS AND/OR OTHER WITHIN THIS ACTION.

(182) THE ABOVE ACTIONS OF DEFENDANTS' AFOREMENTIONED WITHIN THIS ACTION CONSTITUTES THE TORT OF NEGLIGENCE.

(183) THE DEFENDANT[S], WEXFORD HEALTH SERVICE, IS UNDER CONTRACT WITH DEFENDANT, (BY) THE ILLINOIS DEPARTMENT OF CORRECTIONS, AND/OR MEYERD CORRECTIONAL CENTER, AND IS FURTHERMORE UNDER CONTRACT WITH THE AFOREMENTIONED MEDICAL DEFENDANTS WITHIN THIS ACTION (i.e. DR'S, MEDICAL NURSES, N.A.'S, ETC...) AND IN FULL AGREEMENT BY CONTRACT, POLICY[S] WRITTEN AND/OR UNWRITTEN TO NOT TREAT CERTAIN CHRONIC MEDICAL ISSUES/NEEDS IN VIOLATION OF INMATES AND PLAINTIFF'S CONSTITUTIONAL RIGHTS TO ADEQUATE HEALTHCARE.



(184) BETWEEN THE DATES OF AUGUST 11, 2017, THROUGHOUT MARCH 30, 2018, THIS PLAINTIFF HAS CONTINUALLY REQUESTED MEDICAL CARE FOR PLAINTIFF'S SERIOUS MEDICAL NEEDS AND CHRONIC PAIN FOR PLAINTIFF'S OBVIOUS INJURIES AS ABOVE DESCRIBED WITHIN THIS COMPLAINT, WHERE SAID REQUEST WERE MADE PERSONALLY KNOWN TO DEFENDANTS, (FOR SAKE OF NON REPETITIVENESS SOME DEFENDANTS ARE ONLY NAMED WITHIN THIS PH#184 BUT ARE SUED ALL THE SAME), MULHOLLAND NURSE JANE DOE #6, DEAN GROSS, K. MAUE, KELLY PIERCE, ALEX JONES, DR. SHAH, DR. SIDDIQUI, FURLOW, FRITSCH, SHERRY BENTON, MOLDENHAUER, ALSUB, LASHBROOK, YANKEY, NURSE JANE DOE #7, HALLY HAWKINS, MIKE MCLURE, DEDE SHORT, JANE DOE #5 (NURSE), NURSE JOHN DOE #8, SGT. JAMES, LT. QUALLS, NURSE JANE DOE #9, THRENDILL, LT/MR. JR/1/A JOHN DOE #10, TAMER A TURNER, JASON WALLER, NURSE MISS MEARS, AND UNIDENTIFIED JOHN AND JANE DOES, et al. SEVERAL COUNTLESS REQUEST OF EACH ALL TO NO AVAIL, WHERE ALL (ETCH) HAD PERSONAL KNOWLEDGE AND ABILITY TO REMEDIE BUT FAILED TO DO SO.

(185) THE PERSONS NAMED IN THIS ACTION ABSOLUTELY DO NOT HAVE IMPUNITY WHEN THEY INFRINGE THE CONSTITUTIONAL AUTHORITY THAT PENOLOGICALLY JUSTIFIES SOUND DECISION MAKING IN THE DAILY OPERATIONS OF PRISON.

DATE: 05/03/2018

151 David Bentz  
DAVID BENTZ (AS-03210)  
MENARD CORRECTIONAL CENTER  
P.O. BOX #1000  
MENARD, ILLINOIS  
62259

### FOOT NOTE LIST:

FN#10: EXHIBITS #6, 7, 30, 60, 61, 64, 66

## REQUEST FOR RELIEF

THE PLAINTIFF, DAVID ROBERT BENTZ, PRO-SE, RESPECTIVELY PRAYS THAT THIS HONORABLE COURT WILL:

(A) AWARD NOMINAL DAMAGES IN THE FOLLOWING AMOUNTS TO VINDICATE THE PLAINTIFF'S RIGHTS, IN THAT THE DEFENDANTS' WILL FULLY AND KNOWINGLY VIOLATED:

① \$10,000 JOINTLY AND SEVERALLY AGAINST ALL DEFENDANTS' NAMED HEREIN;

(B) AWARD PUNITIVE DAMAGES IN THE FOLLOWING AMOUNTS TO DETER UNNECESSARY AND WANTON INFLECTION OF PAIN CAUSED BY OFFICIALS AND INDIVIDUAL ACTS OR FAILURES TO ACT THAT WERE WITHOUT PENOLOGICAL JUSTIFICATION, RESULTING IN GRATUITOUS INFLECTION OF PAIN AND SUFFERING-AS SUCH GRATUITOUS INFLECTION OF PAIN ALWAYS VIOLATES CONTEMPORARY STANDARDS OF DECECY, AND NEED NOT PRODUCE VISIOLE INJURY OR SETIOUS INJURY IN ORDER TO OFFEND THE EIGHTH AMENDMENT OF THE U.S. CONSTITUTION:

② \$50,000 AND/OR NINE TIMES (9X'S) ACTUAL DAMAGES AWARDED JOINTLY AND SEVERALLY AGAINST ALL DEFENDANTS' NAMED HEREIN;

(C) AWARD COMPENSATORY DAMAGES IN THE FOLLOWING AMOUNTS FOR THE PHYSICAL INJURY FIRST SUBSTAINED AND PAIN SUFFERED BY THIS PLAINTIFF DUE TO THE CONSTITUTIONAL RIGHT VIOLATIONS THAT WERE INTENTIONALLY INFLECTED UPON PLAINTIFF:

① \$50,000 JOINTLY AND SEVERALLY AGAINST ALL DEFENDANT'S NAMED HEREIN FOR THEIR FAILLRE TO GET AND/OR PROVIDE PLAINTIFF ADEQUATE MEDICAL CARE FOR SERIOUS MEDICAL NEEDS AND CHROMIC PAIN, AND FOR DELAY IN CARE.

② \$20,000 JOINTLY AND SEVERALLY AGAINST DEFENDANT'S, MIKE MCCLURE, JASON FURLOW, MASON VANKEY, DEAN GROSS, SGT. MR. JAMES, AND OTHER UNIDENTIFIED JOHN AND JANE DOE'S, et al., FOR THE SEXUAL ASSAULT AND BATTERY, AND SEXUAL HARASSMENT, AND OTHER AS DESCRIBED WITHIN THIS ACTION TO THIS PLAINTIFF.



① ISSUE A DECLARATORY JUDGMENT STATING THAT:

① THE PHYSICAL ABUSE OF PLAINTIFF BY DEFENDANTS VIOLATED [5] PLAINTIFF'S STATE LAW RIGHTS AND PLAINTIFF'S RIGHTS UNDER THE EIGHTH AMENDMENT, AS A CONVICTED SENTENCED PRISONER, TO CONSTITUTION AND CONSTITUTES AN ASSAULT AND BATTERY UNDER STATE LAW;

② ISSUE A PRE-LIMINARY INJUNCTION AND/OR T.R.O. ORDERING THE ILLINOIS DEPARTMENT OF CORRECTIONS AND/OR MENARD CORRECTIONAL CENTER TO:

① IMMEDIATELY ARRANGE FOR DEFENDANT'S, JASON FURLOW, MASON YANKEY, DEAN GROSS, SGT. MR. JAMES, TO BE T.R.O. FROM THIS PLAINTIFF

② IMMEDIATELY ARRANGE FOR PLAINTIFF TO RECEIVE WOUNDS AND MUSCLE REAKTS, AND TO DIAGNOSE NECK ISSUES, AND ADDRESS FINGER ISSUES.

③ GRANT SUCH OTHER AND FURTHER RELIEF TO STOP SAID CONSTITUTIONAL RIGHTS VIOLATIONS AND/OR RELIEF AS IT MAY APPEAR THIS PLAINTIFF IS ENTITLED.

DATE: 05/03/2018

David Bentz  
DAVID BENTZ (#5-032102)  
MENARD CORRECTIONAL CENTER  
P.O. BOX 11000  
MENARD, ILLINOIS  
62259





DECLARATION UNDER FEDERAL RULE OF  
CIVIL PROCEDURE II

I, THE UNDERSIGNED, CERTIFY TO THE BEST OF MY KNOWLEDGE, INFORMATION AND BELIEF, THAT THIS COMPLAINT IS IN FULL COMPLIANCE WITH RULE 11 (a) AND (b) OF THE FEDERAL RULE OF CIVIL PROCEDURE. THE UNDERSIGNED ALSO RECOGNIZES THAT FAILURE TO COMPLY WITH RULE 11 (a) AND (b) MAY RESULT IN SANCTIONS, MONETARY OR NON-MONETARY, PURSUANT TO F.R.C.P. RULE 11 (e).

THE PLAINTIFF HEREBY REQUEST THE COURT ISSUE ALL APPROPRIATE SERVICES AND/OR NOTICES TO THE DEFENDANTS.

SIGNED THIS 03<sup>RD</sup> DAY OF MAY, 2018

BY [Signature]  
DAVID BENTZ (#5-03210)  
MELARD CORRECTIONAL CENTER  
P.O. BOX #1000  
MELARD, ILLINOIS  
62259

IN THE UNITED STATES DISTRICT COURT  
FOR THE SOUTHERN DISTRICT OF ILLINOIS

DAVID ROBERT BENTZ (#5-03210)  
PLAINTIFF

-VS-

MULHOLLAND, et al.,  
DEFENDANTS

DOCKET NO.:

CERTIFICATE OF SERVICE

I DAVID BENTZ, PRO-SE, PLAINTIFF, IN THIS ACTION DO HEREBY  
CERTIFY THAT ON BELOW DATE I PLACED WITHIN MENARD INSTITUTIONAL MAIL  
TO THE LAW LIBRARY FOR E-FILE TO THIS COURT THE ATTACHED:  
COMPLAINT AND EXHIBITS TOTALING 179-PAGES IN ALL.

DATE 05/03/2018

BY David Bentz  
DAVID BENTZ (#5-03210)  
MENARD CORRECTIONAL CENTER  
P.O. BOX #1000  
MENARD, ILLINOIS  
62259



## LIST OF EXHIBITS (1-3)

EX#	DATE	DISCRIPTION	PAGES
1	07/30/17	HEALTH CARE REQUEST	1
2	08/02/17	MED RECORD PER L-RING FINGER	1
3	08/02/17	SHAKEDOWN SLIP OF ORANGE CRUSH SO T. SMITH	1
4	08/03/17	HEALTHCARE REQUEST	1
5	08/06/17	MED RECORD PER MECK	1
6	08/11/17	EMERGENCY GRIEVANCE TO WARDEN LASHBROOK	2
7	08/11/17	GRIEVANCE TO COUNSELLOR K. MULLIP	2
8	08/14/17	HEALTH CARE REQUEST	1
9	08/16/17	MU-LEGAL EXCHANGE CALL PASS (8:00AM)	1
10	08/16/17	MU-IV HOUSE MEDICAL CALL PASS (7:30AM)	1
11	08/16/17	MED RECORDS PER L-RING FINGER, MECK	1
12	08/16/17	HAND COPY OF MU-IV HOUSE MEDICAL CALL PASS (7:30 AM) WITH NOTE	1
13	08/16/17	HEALTHCARE REQUEST	1
14	08/20/17	HEALTH CARE REQUEST	1
15	08/22/17	HEALTH CARE REQUEST	1
16	08/24/17	MU-HEALTHCARE IN HOUSE CALL PASS (12:00pm)	1
17	08/28/17	HEALTHCARE REQUEST	1
18	08/29/17	HEALTHCARE CALL PASS FOR X-RAY L-RING FINGER HANDCOP (7:30)	1
19	08/29/17	L-RING FINGER X-RAY REPORT	1
20	08/31/17	RECEIPT FOR POSTAGE OF GRIEVANCE #08-11-17 DATE EMERG TO A.R.B.	1
21	08/31/17	RECEIPT FOR COPY OF GRIEVANCE DATED 08/11/17 EMERGE TO SEND TO MRB	1
22	08/31/17	HEALTHCARE REQUEST	1
23	09/02/17	HEALTHCARE CALL PASS (AMU) RESULT OF MR BENZ'S E-MAN/CONSULTANT 12:00pm FAMILY COMPLAINT DATED 09/01/17 (HAND COPY) DR. SHAH	1
24	09/02/17	MED RECORDS FROM 08/25/17 TO 09/02/17	1
25	09/03/17	HEALTH CARE REQUEST	1
26	09/06/17	HEALTHCARE REQUEST	1
27	09/08/17	SHAKEDOWN SLIP OF ORANGE CRUSH	1
28	09/08/17	HEALTH CARE REQUEST	1
29	09/10/17	HEALTHCARE REQUEST	1
30	09/11/17	FULLY EXHAUSTED GRIEVANCE DATED 08/11/17 EMERGENCY	3
31	09/12/17	HEALTHCARE REQUEST	1
32	09/13/09/14/17	MEDICAL RECORDS FROM 09/13/17 TO 09/13/17 PER X-RAY L-R FINGER	1
33	09/13/17	MEDICAL RECORD PER MECK	1
34	09/13/17	MEDICAL RECORD PER L-RING FINGER	1
35	09/13/17	L-RING FINGER X-RAY REPORT	1
36	09/19/17	HEALTHCARE REQUEST	1
37	09/20/17	MU-HEALTHCARE CALL PASS (7:30)AM	1
38	09/20/17	MED RECORDS PER L-RING FINGER + MECK	1
39	09/21/17	MED RECORDS	1
40	09/22/17	HEALTHCARE REQUEST	1

## LIST OF EXHIBITS (2-3)

EX#	DATE	DISCRIPTION	PAGES
41	09/24/17	HEALTH CARE REQUEST	1
42	09/26/17	HEALTHCARE REQUEST	1
43	09/28/17	HEALTHCARE REQUEST	1
44	09/30/17	RECEIPT FOR 5 <sup>th</sup> MED CO-PAY PER L-RING FINGER	1
45	09/30/17	MED RECORDS PER L-RING FINGER	1
46	09/30/17	MU-HEALTHCARE CALL PASS (NOTE ON PASS)	1
47	10/02/17	MEDICAL RECORD PER NECK, L-RING FINGER	1
48	10/10/17	LEFT RING FINGER X-RAY REPORT	1
49	10/10/17	MED RECORDS PER L-RING FINGER (10/10/17 TO 10/23/17)	1
50	10/10/17	LETTER TO JOHN HOWARD ASSOCIATION (PREP) AND RIGHT HAND	1
51	10/12/17	REQUEST TO MENTAL HEALTH	1
52	10/20/17	RECEIPT FOR COPIES OF EXHIBITS IN THIS ACTION (BUT MUL)	1
53	10/23/17	LEFT RING FINGER X-RAY REPORT	1
54	10/24/17	MU-HEALTHCARE CALL PASS (12:00 PM)	1
55	10/29/17	LETTER FROM JOHN HOWARD ASSOCIATION (PREP)	1
56	11/01/17	RECEIPT FROM GRIEVANCE OFFICE PER GRIEVANCE #8-11-17, #9-11-17 AND BOTH DATED 10/10/17	1
57	11/06/17	RECEIPT OF POSTAGE TO A.R.B. PER GRIEVANCE #137-9-17, 136-9-17, AND #135-9-17	1
58	11/10/17	HEALTHCARE CALL PASS (HAND COPY)	1
59	11/10/17	MED RECORD PER L-RING FINGER	1
60	11/16/17	FULLY EXHAUSTED GRIEVANCES #8-11-17, DATED: 9/22/17, AND 8/11/17	7
61	11/16/2017	FULLY EXHAUSTED GRIEVANCE #136-9-17, DATED: 08/11/17	5
62	11/22/17	COUNSELING SUMMARY PER GRIEVANCE #8-11-17 DATED 11/22/17	1
63	11/30/17	SHAKE DOWN SLIP OF ORANGE CRUSH, \$6 ANDERSON #8217	1
64	12/19/17	FULLY EXHAUSTED GRIEVANCE #137-9-17, DATED: 09/02/17	6
65	12/01/17	HEALTHCARE REQUEST	1
66	01/03/18	LETTER/GRIEVANCE #137-9-17 (PREP) TO A.R.B	7
67	01/25/18	FULLY EXHAUSTED GRIEVANCE #8-11-17, DATED: 10/10/17	1
68	01/26/18	HEALTHCARE CALL PASS IN MU-HEALTHCARE (7:30 AM) NOTE ON EXHIBIT	1
69	02/22/18	FULLY EXHAUSTED GRIEVANCE #229-12-17, DATED: 12/06/17	1
70	10/10/14	X-RAY REPORT PER NECK	1
71	01/25/16	X-RAY REPORT PER NECK	1
72	06/15/17	X-RAY REPORT PER NECK	1
73		MED CHART NOT ALL PAGES RECEIVED (MUTATION 137)	8
74	12/12/17	COUNSELING SUMMARY PER GRIEVANCE #8-11-17, DATED: 10/10/17	1
75	12/12/17	COUNSELING SUMMARY PER GRIEVANCE #8-11-17, DATED: 10/10/17 (2nd)	1
76	12/14/17	COUNSELING SUMMARY PER GRIEVANCE #229-12-17, DATED 12/6/17	1
77	01/02/17	A.R.B. FULLY EXHAUSTED EXHAUSTION PER GRIEVANCE #137-9-17, PREP	1
78	01/03/17	LETTER TO A.R.B. PER GRIEVANCE #137-9-17 (PREP)	1
79	01/22/18	COUNSELING SUMMARY PER GRIEVANCE #229-12-17 (2nd L), DATED: 12/6/17	1

MUL  
39



LIST OF EXHIBITS <3-3>

EX#	DATE	DISCRIPTION	PAGES
80	01/26/18	GRIEVANCE <3RD> ATTEMPT <HAND COPY> TO NO AVAIL #511-1-18	2
81	03/15/18	COUNSELING SUMMARY PER GRIEVANCE #511-1-18 <2nd lev> DATED: 1/26/18	1
82	01/23/18	RECORD PER GRIEVANCE #8-11-17, DATED: 10/11/17	1
83	11/14/17	RECORD PER GRIEVANCE #137-9-17, DATED: 09/02/17	1
84	11/14/17	RECORD PER GRIEVANCE #136-9-17, DATED: 08/11/17	1
85	12/1/02	CORRECTIONAL OFFICER, DISTINGUISHING FEATURES OF WORK POSITION CODE #09675, EFFECTIVE: 12/01/02	2

HEALTH CARE

07/30/17

BROKEN 4<sup>TH</sup> (RING) FINGER LEFT  
HAND ON 07/29/17

LO/Bent

BENT #5-03210

NV-617

MUL  
41  
EX #1  
1-1



## ILLINOIS DEPARTMENT OF CORRECTIONS

## Offender Outpatient Progress Notes

MENARD CORRECTIONAL Center

Non-Specific  
Discomfort

## Offender Information:

Bentz  
Last NameDavid  
First Name

A/N

ID#: S03210

Date/Time	Subjective, Objective, Assessment	Plans
8/2/17	S) - Any Allergies NKA	P) MD Referral to eval, under X-ray
0935	- Location of pain / discomfort @ ring finger, 2nd joint	- Patient presents more than twice for NSC for d/o same discomfort within one month
	- Describe pain Stabbing Throbbing Constant Intermittent Etc. Ache	- Patient presents with signs of acute, severe discomfort
	- Have you had this pain before and how was it treated No / NA	- Patient has abnormal vital signs
	- Rate pain level scale of 1 - 10 Unknown	
	- Duration of pain x 4 days	No MD referral
9/10/2017	0) T <sup>2</sup> 98.2° R <sup>2</sup> 12 BP 100/80 WT 130	- Acetaminophen 325 mg, 1 - 2 tablets t.i.d. PRN X 3 days (18 tablets)
	- Signs of obvious discomfort @ present time, until area is palpated.	- Ibuprofen 200mg 1-2 tabs t.i.d. PRN for 3 days (18 tabs)
	- Observations related to body part affected 1/NA believes he broke his finger, slammed in cell door Edema, bruising present. ROM limited d/t pain, possible fx? Finger cool	Patient Teaching
		- Return to see provider if symptoms worsen or interfere with daily functioning
		Nurse Signature [Signature]
	A) Non-Specific Discomfort	Payment voucher YES NO

EX #3  
MUL



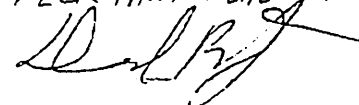
HEALTH CARE,

08/03/2017

(1) I HAVE CHROME PAIN, SWELLING AND OTHER  
TO LEFT NECK AREA. D.D TO CRUSH SHAKEDOWN  
ON 08/02/2017 (NU-6-CMD) RE-AGGRAVATED MY  
NECK ISSUES I NEED MUSCLE RELAXERS AND REQUEST  
M.R.I. IN ORDER TO DIGNOSE CAUSE OF NECK ISSUES

(2) CRUSH TOOK MY MED STUFF GIVEN BY NURSE  
ON MORNING OF 08/02/2017 BEFORE SHAKEDOWN GIVEN  
FOR LEFT HAND 4<sup>TH</sup> (RING) FINGER WHICH IS BROKEN.

(3) THEY ALSO TOOK MY IBU'S FOR NECK THAT WERE PRESCRIBED  
PLEASE SEND ME REFILL



BENTZ 5-03210

NU-612

MUL  
EX #4  
1-1

MUL  
44

ILLINOIS DEPARTMENT OF CORRECTIONS  
Offender Outpatient Progress Notes

MENARD CORRECTIONAL Center

Non-Specific  
Discomfort

Offender Information:

Bentz  
Last Name

David  
First Name

ID#: 503210

Date/Time	Subjective, Objective, Assessment	Plans
8/6/18	S) - Any Allergies NKDA	P) MD Referral Request MRI, Relaxin Ibuprofen needs refilled
10:00 am	- Location of pain / discomfort neck	- Patient presents more than twice at NSC for do same discomfort within one month
	- Describe pain Stabbing Throbbing <u>Constant</u> Intermittent Etc.	- Patient presents with signs of acute, severe discomfort
	- Have you had this pain before and how was it treated yes - methocarbamol	- Patient has abnormal vital signs
	- Rate pain level scale of 1 - 10 James	
	- Duration of pain May 2014 - injury d/t S.A.	No MD referral
9/10/18	T4 P R BP WT 98 61 116 126/88 130	- Acetaminophen 325 mg, 1 - 2 tablets t.i.d. PRN X 3 days (18 tablets)
	- Signs of obvious discomfort Does not turn head	- Ibuprofen 200mg 1-2 tabs t.i.d. PRN for 3 days (18 tabs)
		Patient Teaching
	- Observations related to body part affected <del>Current error</del> - Current swelling to back of neck, into occipital area. Becomes much larger + more painful multiple x's daily - Hard to go to sleep, but doesn't usually keep him awake	- Return to see provider if symptoms worsen or interfere with daily functioning
	A) Non-Specific Discomfort	Nurse Signature <u>M. L. Schaefer</u> Payment voucher YES NO

ILLINOIS DEPARTMENT OF CORRECTIONS  
COMMITTED PERSON'S GRIEVANCE

Date: 08/11/2017 Committed Person: DAVID BENTZ ID: 5-03210

Present Facility: MENTRO Facility where grievance issue occurred: MENTRO NU-6-12

NATURE OF GRIEVANCE:

☐ Personal Property ☐ Mail Handling ☐ Restoration of Good Time ☐ Disability

☐ Staff Conduct ☐ Dietary ☐ Medical Treatment ☒ Other (specify CELL AND VISUAL PUNISHMENT; STATE LAW AND STATE AND FEDERAL CONSTITUTIONAL RIGHTS; AND OTHER MEDICAL RELATED ISSUES AND RESTRAINT)

☐ Transfer Denial by Facility ☐ Transfer Denial by Transfer Coordinator

☐ Disciplinary Report: 1 / 1 Date of Report: \_\_\_\_\_ Facility where issued: \_\_\_\_\_

Note: Protective Custody Denials may be grieved immediately via the local administration on the protective custody status notification.

Complete: Attach a copy of any pertinent document (such as a Disciplinary Report, Shutdown Record, etc.) and send to:

Counselor, unless the issue involves discipline, is deemed an emergency, or is subject to direct review by the Administrative Review Board.

Grievance Officer, only if the issue involves discipline at the present facility or issue not resolved by Counselor.

Chief Administrative Officer, only if EMERGENCY grievance.

Administrative Review Board, only if the issue involves transfer denial by the Transfer Coordinator, protective custody, involuntary administration of psychotropic drugs, issues from another facility except personal property issues, or issues not resolved by the Chief Administrative Officer.

EMERGENCY GRIEVANCE TO WARDEN LASHBROOK.

Brief Summary of Grievance: THIS GRIEVANCE IS BEING BROUGHT AGAINST JOHN AND JANE DOE PRISON RESIDENTS OF THE ILLINOIS DEPARTMENT OF CORRECTIONS (IDOC) ADMINISTRATIVE, SUPERVISORIAL, SECURITY, AND MEDICAL PERSONNEL (TO INCLUDE THOSE CONTRACTED FOR OR BY IDOC, AND VARIOUS HEALTH SERVICES AND OTHERS) WHO, IN THEIR PROFESSIONAL, INDIVIDUAL OR OFFICIAL CAPACITIES DO FORMULATE, AUTHORIZE, TRAMP, COLLUDE, ACQUIESCE, OR OTHERWISE DIRECT THIS GRIEVANT TO BE DEPRIVED OF MEDICAL CARE, ACCESS, PAIN MEDICATION, AND OTHER FOR A EXTENDED PERIOD OF TIME, AND/OR FOR NO REASON AT ALL. THIS GRIEVANCE IS BEING SUBMITTED IN CONTAMPLATION OF AND PREPERATION FOR LITIGATION ALLEGING DELIBERATE INTERFERENCE, CRUEL AND USUAL PUNISHMENT, DENIAL OF PRESCRIBED PAIN MEDICATION, DENIAL OF MEDICAL CARE, ALLEGING VIOLATIONS OF STATE LAW, AND STATE AND FEDERAL CONSTITUTIONAL RIGHTS.

THIS GRIEVANCE ARISES FROM THE PRISON RESIDENTS DENYING THIS GRIEVANT OF MEDICAL CARE FOR A INJURY TO LEFT HAND, SPECIFICALLY 4TH RING FINGER ON LEFT HAND WHICH IS OBVIOUSLY BROKEN BY 45°S OUT OF PLACE, AND DENIAL OF PAIN MEDICATION, AND DENIAL OF DOCTOR ORDERS.

ON JULY 29, 2017, I WAS RETURNING FROM EVENING YARD UPON CLOSING MY CELL DOOR NU-612 MY LEFT HAND SOMEHOW GOT COUGHT IN THE DOOR AND BROKE MY LEFT HAND 4TH FINGER (RING FINGER) WHERE MY FINGER BENT 45° IN A DIRECTION IT IS NOT TO BEND.

ON JULY 30, 2017, I PLUCKED WITHIN NU-CELL HOUSE A SICK CALL SLIP (HAND WRITTEN) REQUESTING MEDICAL CARE FOR MY BROKEN FINGER.

ON AUGUST 01, 2017, NU-CELL HOUSE WENT ON LEVEL ONE LOCKDOWN, UNTIL AUGUST 07, 2017.

ON AUGUST 02, 2017, I WAS SEEN IN CELL HOUSE FOR ABOVE SICK CALL SLIP BY NU-CELL HOUSE JANE DOE NURSE, SHE TOLD ME MY FINGER LOOKED BROKEN, BUT TOLD ME SHE CAN NOT SEND ME TO HEALTH CARE BECAUSE MENTRO/WATFORD WILL NOT LET HER BECAUSE THEY DO NOT CONSIDER MY BROKEN FINGER A SERIOUS EMERGENCY ISSUE/MEDICAL NEED TO DO AN X-RAY AND I WOULD HAVE TO WAIT UNTIL WE CAME OFF OF LOCKDOWN AS LOCKDOWN WAS THE REASON SHE COULD NOT SEND ME TO SEE A DOCTOR PER POLICIES. SHE GAVE ME A TENSING COMPRESSOR AND TAPE TO KEEP MY FINGER STRAIN (MAKE SURE SALTY). I WAS ALREADY PRESCRIBED PAIN FOR A PREVIOUS WEEK INJURY, BUT

☒ Check only if this is an EMERGENCY grievance due to a substantial risk of imminent personal injury or other serious or irreparable harm to self.

10 P/B 5-03210 08.11.2017

Committed Person's Signature ID# Date

(Continue on reverse side if necessary)

SENT TO COUNSELOR BY BOB  
MILLSUP ON 08/05/2017 INMTO  
AND L.S. MHTL ON 08/31/17

Counselor's Response (if applicable)

Date Received: \_\_\_\_\_ ☐ Send directly to Grievance Officer ☐ Outside jurisdiction of this facility. Send to Administrative Review Board, P.O. Box 19277, Springfield, IL 62794-9277

Response: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Print Counselor's Name Counselor's Signature Date of Response

EMERGENCY REVIEW RECEIVED

Date Received: \_\_\_\_\_ AUG 18 2017 FLD

Is this determined to be of an emergency nature? ☐ Yes; expedite emergency grievance ☒ No; an emergency is not substantiated. Committed person should submit this grievance in the normal manner.

Alx P/B 8/18/17

Chief Administrative Officer's Signature Date

MUL  
EX # 18  
1-2

MUL  
46



ON AUGUST 02, 2017, LATER THAT SAME DAY CRUSH SHOOK DOWN NU-6 GALLERY, WHERE THEY TOOK ME (INMATES) TO THE CHAPEL CUFFED BEHIND MY BACK. I ASKED CRUSH OFFICER BELIEVED TO BE HOLDER (HERNIMT "63") IF HE COULD FRONT CUFF ME BECAUSE OF MY BROKEN FINGER AND BEING FORCED TO SIT WITH HANDS BEHIND BACK CAUSING CHRONIC PAIN TO MY FINGER AND BACK. WHEN I SHOWED CRUSH OFFICER (HOLDER "63") MY SPLINTED FINGER HE TOOK MY SPLINT AND WOULD NOT FRONT CUFF ME. I THEN ASKED TO SEE THE NURSE WHERE HE TOLD ME TO SHUT THE FUCK UP AND WALKED OFF.

UPON RETURNING TO MY CELL TWO (2) HOURS LATER, I FOUND OUT CRUSH TOOK MY PRESCRIBED TAPS AND EXTRA TAPE AND TONG COMPRESSOR GIVEN TO ME BY NURSE ERLEYER THAT DAY. LEAVING ME WITH NO PAIN MEDICATION, NO SUPPORT FOR FINGER (MAKE SHIFT SPLINT) OR ANY WAY TO RE-FILL PRESCRIBED I.B.U. FOR NECK INJURY.

- AFTER CRUSH SHOOK DOWN ON AUGUST 02, 2017, I SAW THE EXTRA MEDICAL TAPE AND TONG COMPRESSOR THAT THE NURSE GAVE ME EARLIER THAT DAY ON THE GALLERY FLOOR, I STOPPED % MULHOLAND SHOWED HIM MY BROKEN FINGER AND ASKED TO GRAB THE MAKE SHIFT SPLINT OFF THE GALLERY FOR ME AND TO TAKE ME TO HEALTHCARE SO I COULD GET PAIN MEDICATION BECAUSE CRUSH TOOK IT ALL. % MULHOLAND ACKNOWLEDGED MY FINGER LOOKED BROKEN AND THEN TOLD ME HE DOES NOT HAVE TIME AND ~~WOULD~~ I WOULD JUST HAVE TO SUFFER. THEN HE WALKED OFF AND REFUSED TO DO ANYTHING AT ALL.

- ON AUGUST 03, 2017, THE MIC-CELL HOUSE WAS STILL ON LEVEL ONE LOCKDOWN, WHERE % MULHOLAND WAS PASSING OUT LUNCH TRAYS, UPON GIVING ME A TRAY I AGAIN REQUESTED MEDICAL CARE, WHERE I WAS THREATENED BY % MULHOLAND OF FURTHER/PUBLIC RETALIATION (e.g. BOGUS INQUIRY/REPORT ACTING) IF I KEPT ASKING FOR MEDICAL CARE, AND THAT I WOULD NOT BE RECEIVING MEDICAL CARE BECAUSE I LIKE TO SUE CORRECTIONAL OFFICERS. % MULHOLAND NEVER GOT ME MEDICAL CARE AND DID NOT TRY TO GET MEDICAL CARE AT ALL.

ON AUGUST 03, 2017, I PLUCKED WITHIN NU-6 GALLERY'S INSTITUTIONAL MAIL ADDRESSED TO HEALTHCARE ANOTHER MEDICAL REQUEST SLIP HAND WRITTEN REGARDING BROKEN FINGER AND CRUSH TAKING PAIN MEDS FOR WEEK AND MAKE SHIFT SPLINT FOR FINGER ALONG WITH RE-ASPIRATED NECK INJURY DO TO CRUSH, AND ME NOT BEING ABLE TO GET I.B.U. RE-FILL BECAUSE CRUSH TOOK WHAT I NEEDED TO TREAT IN TO GET RE-FILL.

ON AUGUST 04, 2017, PER REQUEST SLIP OF AUGUST 03, 2017, I WAS SEEN BY A JANE DOE ~~CELL~~ HOUSE NURSE, IN HOUSE MIC-CELL HOUSE ON THE 7am-3pm SHIFT, WHERE SHE PUT ME IN FOR MY I.B.U. RE-FILL, AND IN FOR MY NECK, AND FOR MY BROKEN FINGER. SHE ALSO GAVE ME A 3-DAY SUPPLY OF TAPS TO HOLD ME OVER, AND TOLD ME IT WOULD BE AWHILE BEFORE I WOULD BE SEEN BY A DOCTOR OR GET X-RAYS BECAUSE THE TWO (2) DOCTORS ARE NEVER HERE (AT MIC-CELL).

- BETWEEN JULY 24, 2017, THE DAY MY FINGER GOT BROKEN THROUGHOUT THIS PRESENT DATE OF AUGUST 11, 2017, I HAVE CONTINUALLY REQUESTED MEDICAL CARE FOR ALL ABOVE ISSUES, BY REQUESTING OF CELL HOUSE STAFF, OFFICERS, NURSES, SGT'S, LT'S, CORRECTOR CHIEF AND OTHER JOHN AND JANE DOE'S, ETC., ALL TO NO AVAIL. AS OF AUGUST 11, 2017, IT HAS BEEN 14 DAYS WITHOUT ADEQUATE AND/OR ANY CARE, OR PAIN MEDICATION FOR A BROKEN FINGER OR OTHER MEDICAL NEEDS LISTED ABOVE. (END)

#### RELIEF REQUESTED:

- (1) FINGER TO BE SET AND SPLINTED AFTER X-RAYS;
- (2) TO RECEIVE PAIN MEDICATION; AS WAS PRESCRIBED MY RE-FILL;
- (3) HANDLES BE PLACED ON INSIDE OF CELL DOORS TO PREVENT FUTURE INCIDENTS, OR STAFF TO OPEN AND CLOSE CELL DOORS TO PREVENT FUTURE INCIDENTS INSTEAD OF PUTTING GRIEVANT/INMATE IN POSITION TO USE CELL DOOR WITH NO HANDLES MAKING A SAFETY HAZARD FOR ME AND OTHER INMATES;
- (4) TO STOP DENYING ME AND INMATES ACCESS TO HEALTH CARE (i.e. DOCTORS) AND OTHER MEDICAL NEEDS WHEN ON LOCKDOWN.

THIS GRIEVANCE IS IN PREPERATION FOR LITIGATION

MUL  
EX # 6  
2-2


MUL  
47

HEALTH CARE

08/14/2017

I HAVE CONTINUALLY REQUESTED CARE  
FOR NECK, AND BROKEN FINGER ~~TOE~~ AND  
RE-FILL OF IBU'S PRESCRIBED FOR NECK  
FOR AT LEAST 2 WEEKS ALL TO NO AVAIL  
I HAVE NOT RECEIVED IBU'S OR SEEN A  
DOCTOR, AND I HAVE FILED GRIEVANCES TO NO AVAIL

08/14/2017

1st   
BRENTZ #~~8~~5-03210  
NU-612

MUL  
EX #8  
1-1

MUL  
50

OERCP101

ILLINOIS DEPARTMENT OF CORRECTIONS  
Offender 360  
PRINTED SCHED. CALL PASS

PAGE: 205

RUN DATE: 8/15/2017

RUN TIME: 10:21:32 AM

ILLINOIS DEPARTMENT OF CORRECTIONS - OTS

OFFENDER CALL PASS ISSUED

IDOC: S03210 BENTZ, DAVID R

Maximum A Moderate

MEN: MEN: NU: 06:12:U1

PRIMARY: UNASSIGNED , PARTICIPANT-MEN710040009

DESTINATION:

DAY: 8/16/2017

AT:  
8:00:00  
AM

PASS TYPE: PERSONAL PROPERTY

COMMENTS: NU Legal Exchange

AUTHORIZED: Chris Sanders

CELL HOUSE SIGNATURE: \_\_\_\_\_

TIME: \_\_\_\_:\_\_\_\_

DESTINATION SIGNATURE: \_\_\_\_\_

TIME: \_\_\_\_:\_\_\_\_

EXIT SIGNATURE: \_\_\_\_\_

TIME: \_\_\_\_:\_\_\_\_

RETURN SIGNATURE: \_\_\_\_\_

TIME: \_\_\_\_:\_\_\_\_

MUL  
EX #9

1-1

MUL  
51



25  
1-1  
MUL  
EX #70

CERCP101	ILLINOIS DEPARTMENT OF CORRECTIONS Offender 360 PRINTED SCHED. CALL PASS	PAGE: 204 RUN DATE: 8/15/2017 RUN TIME: 10:21:32 AM
ILLINOIS DEPARTMENT OF CORRECTIONS - QTS OFFENDER CALL PASS ISSUED		
IDOC: S03210 BENTZ, DAVID R PRIMARY: UNASSIGNED , PARTICIPANT-MEN710040609	Maximum A Moderate	MEN: MEN: NU: 06:12:U1
DESTINATION: NU	DAY: 8/16/2017	AT: 7:30:00 AM
PASS TYPE: NURSE PRACTITIONER		
COMMENTS: M. Moldenhauer NP/Done in Cell House/Must Honor		
AUTHORIZED: Christa Mahnken		
CELL HOUSE SIGNATURE: _____	TIME: _____	MUL EX #70 1-1
DESTINATION SIGNATURE: _____	TIME: _____	
EXIT SIGNATURE: _____	TIME: _____	
RETURN SIGNATURE: _____	TIME: _____	



08/14/17

CALL PASS ~~HAIR COPY~~

730AM NU-612

COMM: N.P. M. MOLDENHAUER

ATH: CHRISTA MAHUKEN

NOTE- % GROSS IN NU WOULD NOT LET ME SEE N.P. MOLDENHAUER,  
% K. MAUE TOLD TO GO TO LEGAL EXCHANGE AND I WOULD BE ABLE TO SEE  
N.P. MOLDENHAUER WHEN I CAME BACK BUT I NEVER WAS ALLOWED TO  
SEE N.P. MOLDENHAUER OR OTHER MEDICAL STAFF FOR THIS CALL PASS  
AND WAS DENIED BY % GROSS AND % K. MAUE

MUL  
EX#12  
1-1

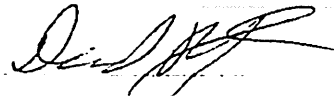
MUL  
58



HEALTH CARE,

08/16/2017

- ① I HAVE CHRONIC PAIN, SWELLING AND OTHER TO LEFT NECK
- ② CRUSH TOOK PRESCRIBED I.B.U.'S AND OTHER MEDICAL THINGS, NOW I CAN NOT GET MY REFILLS FOR NECK DISPIE CONTINUED REQUEST
- ③ ALSO HAVE BROKEN FINGER CAUSING CHRONIC PAIN



BENZ #5-03210

NU-612

MUL  
EX #93  
1-1

MUL  
55

HEALTH CARE

08/20/2017

- ① BROKEN LEFT RING FINGER (X-RAY) ETC...
- ② CHRONIC NECK PAIN, SWELLING, ETC... (M.A.I.) ETC...
- ③ RIGHT HAND CHRONIC PAIN,
- ④ RE-FILL OF I.B.U.'S PRESCRIPTION FROM OVER 3-WEEKS AGO  
TO NO AVAIL
- ⑤ ALL ABOVE HAVE BEEN DENIED OF/REFUSED CARE FOR AT  
LEAST 3-WEEKS DISPUTE CONTINUED COUNTIES REQUEST FOR  
CARE

DATE 08/20/2017



DAVID BEITZ #5-03210

NV-612

MUL  
EX #1/4  
1-1

MUL  
56

HEALTH CARE,

08/22/2017

- ① BROKEN LEFT RING FINGER, CHRONIC PAIN (X-RAY ECT...)
- ② CHRONIC NECK PAIN, SWELLING, ECT... (M.R.I. ECT...)
- ③ RIGHT HAND CHRONIC PAIN
- ④ RE-FILL OF I.B.U. PRESCRIPTION DENIED FROM OVER 3 1/2 WEEKS AGO TO NO AVAIL
- ⑤ ALL ABOVE I HAVE BEEN CONTINUALLY DENIED OR/REFUSED FOR AT LEAST 3 1/2 WEEKS DESPITE CONTINUED/COUNTLESS REQUEST FOR CARE TO NO AVAIL.

DATE: 08/22/2017

DAVID BENTZ #5-03210

NU-612

MUL  
EX #15  
1-1

MUL  
57



$$\begin{array}{r} 1-1 \\ \hline 71\#13 \\ \hline 77W. \\ \hline 85 \\ \hline 77W. \end{array}$$

MUL  
EX #16  
1-1

HEARTIKATE,

08/28/2017

- ① SAW M.P. HE PRESCRIBED ME MUSCLE RELAXERS AND MOBIC (MELOXICAM). I HAVE NOT RECEIVED ANY MUSCLE RELAXERS, AND THE MOBIC I WANT CHANGED BACK TO T.D.U'S 600mg 3X PER DAY, DO TO THIS MOBIC INFLAMING MY NECK INJURY FOR SOME REASON AND NOT WORKING AT ALL FOR ME. (FOR MY NECK OR BROKEN FINGER, PAIN)

DATE 08/28/2017

151 

DAVID BENTZ #5-03210

MU-612

MUL  
EX #1B  
1-1

MUL  
58

SENT TO CHIEF ADMINISTRATIVE OFFICER ON 08/11/2017 FOR REVIEW AND RESPONSE

**COMMITTED PERSON'S GRIEVANCE**

NAME, ADDRESS, RELATIVES, ETC...

Date: <u>08/11/2017</u>	Committed Person: (Please Print) <u>DAVID BENTZ</u>	ID#: <u>S-03210</u>
Present Facility: <u>MEWARD</u>		Facility where grievance issue occurred: <u>MEWARD</u>

**NATURE OF GRIEVANCE:**

☐ Personal Property    ☐ Mail Handling    ☐ Restoration of Good Time    ☐ Disability HAND, DELIBERATE  
☐ Staff Conduct    ☐ Dietary    ☐ Medical Treatment    ☒ Other (specify: INDIFFERENCE, CARELESSNESS, STATE LAW AND STATE AND FEDERAL CONSTITUTIONAL RIGHTS, AND OTHER MEDICAL RELATED ISSUES, AND RETALIATION)  
☐ Transfer Denial by Facility    ☐ Transfer Denial by Transfer Coordinator  
☐ Disciplinary Report: 1 / 1    Date of Report: \_\_\_\_\_    Facility where issued: \_\_\_\_\_

Note: Protective Custody Denials may be grieved immediately via the local administration on the protective custody status notification.

Complete: Attach a copy of any pertinent document (such as a Disciplinary Report, Shutdown Record, etc.) and send to:  
 Counselor, unless the issue involves discipline, is deemed an emergency, or is subject to direct review by the Administrative Review Board.  
 Grievance Officer, only if the issue involves discipline at the present facility or issue not resolved by Counselor.  
 Chief Administrative Officer, only if EMERGENCY grievance.  
 Administrative Review Board, only if the issue involves transfer denial by the Transfer Coordinator, protective custody, involuntary administration of psychotropic drugs, issues from another facility except personal property issues, or issues not resolved by the Chief Administrative Officer.

Brief Summary of Grievance: THIS GRIEVANCE IS BEING BROUGHT AGAINST JOHN AND JANE DOE PRISON RESPONDENTS OF THE ILLINOIS DEPARTMENT OF CORRECTIONS (IDOC) ADMINISTRATIVE, SUPERVISORY, SECURITY, AND MEDICAL PERSONNEL WHO INCLUDE THOSE CONTACTED FOR OR BY IDOC AND WEINHO MEDICAL SERVICES AND OTHERS WHO, IN THEIR PROFESSIONAL, INDIVIDUAL OR OFFICIAL CAPACITIES DO PROMULGATE, AUTHORIZE, TRAIN, COLLUDE, ACQUIESCE, OR OTHERWISE DIRECT THIS GRIEVANT TO BE DEPRIVED OF MEDICAL CARE ACCESS, PAIN MEDICATION, AND OTHER FOR A EXTENDED PERIOD OF TIME, AND FOR NO REASON AT ALL. THIS GRIEVANCE IS BEING SUBMITTED IN CONTAMINATION OF AND PREPARATION FOR LITIGATION ALLEGING DELIBERATE INDIFFERENCE, CARELESS AND UNUSUAL PAIN MEDICATION, DENIAL OF PRESCRIBED PAIN MEDICATION, DENIAL OF MEDICAL CARE, ALLEGING VIOLATIONS OF STATE LAW, AND STATE AND FEDERAL CONSTITUTIONAL RIGHTS.

THIS GRIEVANCE ARISES FROM THE PRISON RESPONDENTS' DENIAL OF THIS GRIEVANT OF MEDICAL CARE FOR A INJURY TO LEFT HAND, SPECIFICALLY 4TH RING FINGER ON LEFT HAND WHICH IS OBVIOUSLY BROKEN BY 45° OUT OF PLACE, AND DENIAL OF PAIN MEDICATION, AND DENIAL OF DOCTOR ORDERS.

ON JULY 29, 2017, I WAS RETURNING FROM EVENING WARD WITH CLOSING MY CELL DOOR NUMBER MY LEFT HAND SOMEHOW GOT CAUGHT IN THE DOOR AND BROKE MY LEFT HAND 4TH FINGER (RING FINGER) WHERE MY FINGER BENT 45° IN A DIRECTION IT IS NOT TO BEND.

ON JULY 30, 2017, I PLACED WITHIN MY CELL HOUSE A SICK CALL SLIP (HAND WRITTEN) REQUESTING MEDICAL CARE FOR MY BROKEN FINGER.

ON AUGUST 01, 2017, MY CELL HOUSE WENT ON LEVEL ONE LOCKDOWN, UNTIL AUGUST 07, 2017.

ON AUGUST 02, 2017, I WAS SEEN IN CELL HOUSE PER ABOVE SICK CALL SLIP BY MY CELL HOUSE JANE DOE NURSE, SHE TOLD ME MY FINGER LOOKED BROKEN, BUT TOLD ME SHE CAN NOT SEND ME TO MEDICAL CARE BECAUSE MEWARD/WEINHO WILL NOT LET HER BECAUSE THEY DO NOT CONSIDER MY BROKEN FINGER A SERIOUS ENOUGH ISSUE/MEDICAL NEED TO DO AN X-RAY AND WOULD HAVE TO WAIT UNTIL WE COME OFF OF LOCKDOWN AS LOCKDOWN WAS THE REASON SHE COULD NOT SEND ME TO SEE A DOCTOR PER POLICIES. SHE GAVE ME A TONG COMPRESSOR AND TAPE TO KEEP MY FINGER STRAIGHT (SHAKE SHIRT STRIP). I WAS ALREADY PRESCRIBED PAIN FOR A PREVIOUS KNEE INJURY, BUT

☐ Check only if this is an EMERGENCY grievance due to a substantial risk of imminent personal injury or other serious or irreparable harm to self.

LOD B    ID# S-03210    Date 08.11.2017

Committed Person's Signature    (Continue on reverse side if necessary)

**Counselor's Response (If applicable)**

Date Received: 9.15.17    ☐ Send directly to Grievance Officer    ☐ Outside jurisdiction of this facility. Send to Administrative Review Board, P.O. Box 19277, Springfield, IL 62794-9277

Response: You are not entitled to medical care, medical care is a privilege that you do not receive when on lockdown and is a administrative decision.

K AHSUP    K Ahsup COIT    9.19.17  
 Print Counselor's Name    Counselor's Signature    Date of Response

**EMERGENCY REVIEW**

Date Received: 1 / 1    Is this determined to be of an emergency nature?    ☐ Yes; expedite emergency grievance  
☐ No; an emergency is not substantiated. Committed person should submit this grievance in the normal manner.

\_\_\_\_\_  
 Chief Administrative Officer's Signature    Date



ON AUGUST 03, 2017, LATER THAT SAME DAY ORANGE CRUSH SHOOK DOWN NUL-6 GALLERY, WHERE THEY TOOK ME (INMATES) TO THE CHIMEL CUFFED BEHIND MY BACK. I ASKED CRUSH OFFICER BELIEVED TO BE HOLLER (HELMET #6) IF HE COULD FRONT CUFF ME BECAUSE OF MY BROKEN FINGER AND BEING FORCED TO SIT WITH HANDS BEHIND BACK CAUSING CHRONIC PAIN TO MY FINGER AND BACK. WHEN I SHOWED CRUSH OFFICER (HOLLER #62) MY SPLINTED FINGER HE TOOK MY SPLINT AND WOULD NOT PRINT CUFF ME. I THEN ASKED TO SEE THE NURSE WHERE HE TOLD ME TO SHUT THE FUCK UP AND WALKED OFF.

UPON RETURNING TO MY CELL TWO (2) HOURS LATER, I FOUND OUT CRUSH TOOK MY PRESCRIBED I.B.U.'S AND EXTRA PAIN AND TRUNG COMPRESSOR GIVEN TO ME BY NURSE EARLYER THAT DAY. LEAVING ME WITH NO PAIN MEDICATION, NO SUPPORT FOR FINGER (HOLKE SHIT SPLINT) OR ANY WAY TO RE-FILL PRESCRIBED I.B.U.'S FOR NECK INJURY.

AFTER CRUSH SHOOK DOWN ON AUGUST 03, 2017, I SAW THE EXTRA MEDICAL TRUCK AND TRUNG COMPRESSOR THAT THE NURSE GAVE ME EARLYER THAT DAY ON THE GALLERY FLOOR, I STAYED SO MUCH HOLLER AND SHOWN HIM MY BROKEN FINGER AND ASKED TO GRAB THE MAKE SHIFT SPLINT OFF OF THE GALLERY FOR ME, AND TO TAKE ME TO HEALTHCARE SO I COULD GET PAIN MEDICATION BECAUSE CRUSH TOOK IT ALL. SO MUCH HOLLER ADMITTED MY FINGER LOOKED BROKEN AND THEN TOLD ME HE DOES NOT HAVE TIME AND I WOULD NOT HAVE TO SUFFER. THEN HE WALKED OFF AND REFUSED TO DO ANYTHING AT ALL.

ON AUGUST 03, 2017, THE NUL-CELL HOUSE WAS STILL ON LEVEL ONE LOCKDOWN, WHERE SO MUCH HOLLER WAS PASSING OUT LUNCH TRAYS. UPON GIVING ME A TRAY I AGAIN REQUESTED MEDICAL CARE, WHERE I WAS THREATENED BY SO MUCH HOLLER OF FURTHER/ADULT REHABILITATION (I.E. ADGAS DISCIPLINARY ACTION) IF I KEPT ASKING FOR MEDICAL CARE, AND THAT I WOULD NOT BE RECEIVING MEDICAL CARE BECAUSE I LIKE TO SUE CORRECTIONAL OFFICERS. SO MUCH HOLLER NEVER GOT ME MEDICAL CARE AND DID NOT TRY TO GET ME MEDICAL CARE AT ALL.

ON AUGUST 03, 2017, I PLACED WITHIN NUL-6 GALLERY'S INSTITUTIONAL MAIL ADDRESSED TO HEALTH CARE ANOTHER MEDICAL REQUEST SLIP HAD WRITTEN REGARDING BROKEN FINGER AND CRUSH TAKING PAIN MEDS FOR NECK AND MAKE SHIFT SPLINT FOR FINGER ALONG WITH RE-ASPLINTED NECK INJURY DO TO CRUSH, AND ME NOT BEING ABLE TO GET I.B.U.'S RE-FILL BECAUSE CRUSH TOOK WHAT I NEEDED TO TURN IN TO GET REFILL.

ON AUGUST 06, 2017, PER. REQUEST SLIP OF AUGUST 03, 2017, I WAS SEEN BY A JANE DOE CELL HOUSE NURSE, IN HOUSING NUL-CELL HOUSE ON THE 7AM-3PM SHIFT, WHERE SHE PUT ME IN FOR MY I.B.U. RE-FILL, AND IN FOR MY NECK, AND FOR MY BROKEN FINGER. SHE ALSO GAVE ME A 3-DAY SUPPLY OF I.B.U.'S TO HOLD ME OVER, AND TOLD ME IT WOULD BE A WHILE BEFORE I WOULD BE SEEN BY A DOCTOR OR GET X-RAYS BECAUSE THE TWO (2) DOCTORS ARE NEVER HEAR (HE MEMPHIS).

BETWEEN JULY 29, 2017, THE DAY MY FINGER GOT BROKEN THROUGHOUT THIS PRESENT DATE OF AUGUST 11, 2017, I HAVE CONTINUALLY REQUESTED MEDICAL CARE FOR ALL ABOVE ISSUES. BY REQUEST OF CELL HOUSE STAFF, OFFICERS, NURSES, SST'S, LT'S, CHANCELLER ALSO AND OTHER JOHN AND JANE DOE'S, WHO, WILL TO NO AVAIL. AS OF AUGUST 11, 2017, IT HAS BEEN 14 DAYS WITHOUT ADEQUATE AND/OR ANY CARE, OR PAIN MEDICATION FOR A BROKEN FINGER OR OTHER MEDICAL NEEDS LISTED ABOVE. (END)

## RELIEF REQUESTED:

- ① FINGER TO BE SET AND SPLINTED AFTER X-RAYS;
- ② TO RECEIVE PAIN MEDICATION; AS WAS PRESCRIBED, MY RE-FILL;
- ③ HANDLES BE PLACED ON INSIDE OF CELL DOORS TO PREVENT FUTURE INCIDENTS, OR STAFF TO OPEN AND CLOSE CELL DOORS TO PREVENT FUTURE INCIDENTS INSTEAD OF PUTTING GRIEVANT/INMATES IN POSITION TO USE CELL DOOR WITH NO HANDLES MAKING A SHITTY HAZARD FOR ME AND OTHER INMATES;
- ④ TO STOP DENYING ME AND INMATES ACCESS TO HEALTHCARE (I.E. DOCTORS) AND OTHER MEDICAL NEEDS WHEN ON LOCKDOWN.

THIS GRIEVANCE IS IN PREPERATION FOR LITIGATION

08/29/2017

CALL PASS (HAND COPY)

7:30 AM NU-612

COMM: X-RAY/IN HEALTHCARE

AUTH: CHRISTA MAHREK

NOTE: PER: L-RING FINGER

MUL  
EX#18  
1-1

MUL  
68

ONE RADIOLOGY

Normal, Illinois

August 30, 2017

PATIENT NAME: Bente, David

NUMBER: S03210

DATE OF BIRTH: 5/30/75

Ordered by: Moldenhauer

Menard Correctional Center

LEFT FOURTH FINGER, AP, AND OBLIQUE VIEWS 8/29/2017 *JK*

CLINICAL INDICATION: Rule out fracture of the fourth finger.

COMPARISON: None.

FINDINGS:

There is an acute non-displaced fracture at the lateral base of the fourth middle phalanx. No dislocation is present. Mild soft tissue swelling adjacent to the fracture is seen.

Note is made of amputation of the mid and proximal phalanx of the 3<sup>rd</sup> finger which appears chronic. There is also a small ossific fragment adjacent to the distal proximal 3<sup>rd</sup> phalanx which is likely secondary to remote injury.

*PT/18*

P. Javadi, M.D.

PJ:eg

Films from Menard Correctional Center

M.D. Review

Date 9-5-17

Doctor M.M.C. NARPC

Pull Chart

See Patient

File

*MUL  
EX#1  
1-1*

*MUL  
Gip*

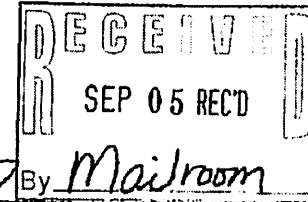
BENTZ MCC (MR) 0129



SEE EX#31 P.2-3

ILLINOIS DEPARTMENT OF CORRECTIONS

Offender Authorization for Payment



Posting Document # \_\_\_\_\_ Date 08/31/2017 By Mailroom  
Offender Name BENTZ ID# 5-03210 Housing Unit NU-612  
Pay to N/A 49  
Address N/A x 2  
City, State, Zip 98

The sum of 00 dollars and 00 cents charged to my trust fund  
account, for the purpose of APD PER 8/11/17 EMERG & LEGAL MAIL 1367 LINDENBORG #1528-131 (2)

☒ I hereby authorize payment of postage for the attached mail. ☐ I hereby request information on electronic funds transfers to be placed in the attached mail.

Offender Signature [Signature] ID# 5-03210

Witness Signature \_\_\_\_\_

LEGAL MAIL

☐ Approved ☐ Not Approved Chief Administrative Officer Signature \_\_\_\_\_

Postage applied in the amount of 0 dollars and 92 cents.

Distribution: Business Office, Offender, Mail Room

Printed on Recycled Paper

Legal

SEP - 5  
DOC 0298 (E/I. 1/2008)  
(Replaces DC 828)

MAILED OUT

EX#30  
1-1

EX#30  
1-1

ILLINOIS DEPARTMENT OF CORRECTIONS

Offender Authorization for Payment

T-6

Posting Document # \_\_\_\_\_ Date 08/31/17

Offender Name BENTZ ID# 5-03210 Housing Unit NV-612

Pay to LAW LIBRARY

Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_

The sum of 00 dollars and 30 cents charged to my trust fund account, for the purpose of COPIES BSV MULHOLLAND Cop of Prison + Pub. Rev

☐ I hereby authorize payment of postage for the attached mail. ☐ I hereby request information on electronic funds transfers to be placed in the attached mail.

Offender Signature [Signature] ID# 5-03210

Witness Signature [Signature]

☐ Approved ☐ Not Approved Chief Administrative Officer Signature \_\_\_\_\_

Postage applied in the amount of 0 dollars and 0 cents.

Distribution: Business Office, Offender LL

Printed on Recycled Paper

DOC 0296 (Eff. 1/2008)  
(Replaces DC 828)

ILLINOIS DEPARTMENT OF CORRECTIONS

MUL  
EX#29  
1-1

MUL  
EX#21  
63  
1-1

HEMANT CARE

08/31/2017

I HAVE FOR LAST MONTH PLUS BEEN REQUESTING  
A M.R.I. FOR NECK INJURY AND FOR MUSCLE RELAXERS  
TO NO AVAIL - AND BROKEN FINGER TO NO AVAIL  
AND RIGHT HAND TO NO AVAIL *De/BS*

BENTZ #S-03210

NU-612

MUL  
EX<sup>22</sup>  
1-1

MUL  
64

09/02/17

CALL PASS (HAND COPY)

12:00pm NU-612

TYPE: DOCTOR CALL LINE

COMM: DR. SHAH/DONE IN HCU/MUST HONOR

AUTH: CHRISTA MAHVREU

NOTE: DO TO FAMILY (MR. BENTZ) COMPLAINT/FAMILY CONCERNS/E-MAIL  
ON I.D.R.C. WEBSITE ON 09/01/17,

FOR BROKEN L-RING FINGER, NECK, TIGHT HAND, WAS TOLD  
BY DR. SHAH HE WOULD NOT DO ANYTHING FOR L-RING FINGER, ~~HE~~  
TOLD WAS NOT BROKEN REFUSED PAIN MEDS, REFUSED MUSCLE RELAXERS  
HE REFUSED TO DO ANYTHING AT ALL.

MUL  
EX#23  
1-1

MUL  
65



## ILLINOIS DEPARTMENT OF CORRECTIONS

## Offender Outpatient Progress Notes

Menard Correctional Center

## Offender Information:

Bentz

Last Name

David

First Name

ID#: S03210

MI

Date/Time	Subjective, Objective, Assessment	Plans
8-25-17	ONT note	P: FIU PRN NSC
8:40A	B: "I was just seen by the nurse practitioner I don't need NSC anymore". O: A&Dx3. Ym educated if need NSC to drop another kite, Ym voiced understanding. A: NSC	
8/29/17	Key note	
10 <sup>A</sup>	L hand done	Blappert RT
9-2-17	MCC - Dny. had	
125 98.5	X-ray Fed to	- g of plan
98.6 68	(C) It had no	(on not only)
120/68	over my n. info. (or V. exercise)	
	PRN	
	(B) (C) (D) (E) (F) (G) (H) (I) (J) (K) (L) (M) (N) (O) (P) (Q) (R) (S) (T) (U) (V) (W) (X) (Y) (Z)	

HEALTH CARE

09/03/2017

- ① CONTINUED ISSUES WITH BROKEN FINGER (ALL TO NO AVAIL)
  - ② CONTINUED REQUEST FOR MUSCLE RELAXERS FOR CHRONIC NECK ISSUES  
SWELLING PAIN, VISION, OTHER (ALL TO NO AVAIL) (M.R.I.)
  - ③ RIGHT HAND INJURY ISSUES (ALL TO NO AVAIL)
- ALL ABOVE REQUEST FOR LAST MONTH ALL TO NO AVAIL CONTINUED DENIAL OF CARE

DATE 09/03/2017

15/10/17 [Signature]

BENTZ #5-03210

NU-612

MUL  
EX #25  
1-1

MUL  
67

HEALTH CARE,

09/06/2017

- ① C ROMIC PAIN TO BROKEN LEFT HAND RING FINGER  
NEED PAIN MEDS.
- ② C ROMIC PAIN O NECK, NEED P IN MEDS, MUSCLE RELAXERS,  
M.R.I. TO DIOGNOSE WHATS WRONG
- ③ CHAOMIC PAIN TO RIGHT HAND INJURY

151 Decl *[Signature]*

BENTZ #5-03210

NU-612

MUL  
EX#28  
17

MUL  
68

ILLINOIS DEPARTMENT OF CORRECTIONS  
Shakedown Record/Confiscated Contraband

Exhibit No. \_\_\_\_\_  
CLIC No. \_\_\_\_\_

*CRASH NV-612*  
*09/08/17*

Date: \_\_\_\_\_ Time: \_\_\_\_\_ ☐ a.m. ☐ p.m. Bldg. Area: \_\_\_\_\_

Living Area: \_\_\_\_\_ Occupied: ☐ Yes ☐ No

Violator: \_\_\_\_\_ No. \_\_\_\_\_

Violator: \_\_\_\_\_ No. \_\_\_\_\_

Was any contraband found? ☐ Yes ☐ No

Item(s) (Description and circumstances of discovery): \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Witness: \_\_\_\_\_

Disciplinary Report written: ☐ Yes ☐ No Incident Report written: ☐ Yes ☐ No

Employee Signature \_\_\_\_\_ ☐ a.m. ☐ p.m.

Badge No. \_\_\_\_\_ Date \_\_\_\_\_ Time \_\_\_\_\_

*MUL*

Shift Supervisor: Date Received: \_\_\_\_\_ Time: \_\_\_\_\_ ☐ a.m. ☐ p.m.

☐ Major Contraband ☐ Minor Contraband: \_\_\_\_\_ Signature \_\_\_\_\_

Disposition: \_\_\_\_\_ ☐ a.m. ☐ p.m. Initials: \_\_\_\_\_

Date: \_\_\_\_\_ Time: \_\_\_\_\_ ☐ a.m. ☐ p.m.

Receiving Custodian: Date Received: \_\_\_\_\_ Time: \_\_\_\_\_ ☐ a.m. ☐ p.m.

☐ Major Contraband ☐ Minor Contraband: \_\_\_\_\_ Custodian Signature \_\_\_\_\_

Chain-of-Custody after the Custodian has received the item:

From: \_\_\_\_\_ To: \_\_\_\_\_

Date Received: \_\_\_\_\_ Time: \_\_\_\_\_ ☐ a.m. ☐ p.m.

From: \_\_\_\_\_ To: \_\_\_\_\_

Date Received: \_\_\_\_\_ Time: \_\_\_\_\_ ☐ a.m. ☐ p.m.

From: \_\_\_\_\_ To: \_\_\_\_\_

Date Received: \_\_\_\_\_ Time: \_\_\_\_\_ ☐ a.m. ☐ p.m.

From: \_\_\_\_\_ To: \_\_\_\_\_

Date Received: \_\_\_\_\_ Time: \_\_\_\_\_ ☐ a.m. ☐ p.m.

Final Disposition: \_\_\_\_\_

Date: \_\_\_\_\_ Custodian's Initials: \_\_\_\_\_

Distribution: With Item (Tag); Supervisor; Employee; Disciplinary Report; Violator

DOC0300 (Eff. 4/2008)  
(Replaces DC 252)



HEALTH CARE,

09/08/2017

- ① CHRONIC PAIN TO BROKEN LEFT HAND RING FINGER,  
NEED PAIN MEDS.
- ② CHRONIC PAIN TO NECK, SWELLING, OTHER DO TO ORANGE  
CRUSH SHAKEDOWN ON 09/08/17 OF NU-CELL HOUSE  
AGRIVATING NECK INJURY, PAIN MEDS, MUSCLE RELAXERS,  
M.R.I. TO DIOGNOSE WHAT IS WRONG.
- ③ CHRONIC PAIN TO RIGHT HAND INJURY

151 David B

BENTZ #5-03210

NU-612

MUL  
EX#28  
1-1

MUL  
70

HEALTH CARE,

09/10/2017

- ① CHROMIC PAIN TO BROKEN LEFT HAND RING FINGER,  
NEED PAIN MEDS.
- ② CHROMIC PAIN TO NECK, SWELLING, THEY DO TO ORANGE CRUSH  
SHAREDOWN ON 09/08/17 OF NU-CELL HOUSE AGGRAVATING  
NECK INJURY, PAIN MEDS, MUSCLE RELAXERS, M.R.I. TO  
DIAGNOSE WHAT'S WRONG.
- ③ CHROMIC PAIN TO RIGHT HAND INJURY

13 Dec 19

BENTZ #5-03310

NU-612

MUL  
EX#29  
1-1

MUL  
71

## ILLINOIS DEPARTMENT OF CORRECTIONS

NU-6-12

Administrative Review Board  
Return of Grievance or Correspondence

Offender:

Bentz

David

503210

Last Name

First Name

MI

ID#

Facility:

menard

☒ Grievance: Facility Grievance # (if applicable)

Dated:

8/11/17

or ☐ Correspondence: Dated:

Received:

Date

9/11/17

Regarding:

TX

injury hand (L - pinky)

7/29/17 L jam made taken

8/21/17

The attached grievance or correspondence is being returned for the following reasons:

## Additional information required:

- ☐ Provide your original written Offender's Grievance, DOC 0046, including the counselor's response, if applicable.
- ☐ Provide a copy of the Response to Offender's Grievance, DOC 0047, including the Grievance Officer's and Chief Administrative Officer's response, to appeal, if timely.
- ☐ Provide dates when incidents occurred.

☒ Unable to determine nature of grievance or correspondence; submit additional specific information. Please return the attached grievance or correspondence with the additional information requested to: Administrative Review Board  
Office of Inmate Issues  
1301 Concordia Court, Springfield, IL 62794-9277

## Misdirected:

- ☐ Contact your correctional counselor or Field Services regarding this issue.
- ☐ Request restoration of Statutory Sentence Credits to Adjustment Committee. If the request is denied by the facility, utilize the offender grievance process outlined in Department Rule 504 for further consideration.
- ☐ Contact the Record Office with your request or to provide additional information.
- ☒ Personal property and medical issues are to be reviewed at your current facility prior to review by the Administrative Review Board.
- ☐ Address concerns in a letter to: Illinois Prisoner Review Board, 319 E. Madison St., Suite A, Springfield, IL 62706

## No further redress:

- ☐ Award of Supplemental Sentence Credits are discretionary administrative decisions; therefore, this issue will not be addressed further.
- ☐ Administrative Transfer denials are discretionary administrative decisions; therefore, this issue will not be addressed further.
- ☐ Not submitted in the timeframe outlined in Department Rule 504; therefore, this issue will not be addressed further.
- ☐ Administrative Review Board received the appeal 30 days past date of Chief Administrative Officer's decision; therefore, this issue will not be addressed further.
- ☐ This office previously addressed this issue on \_\_\_\_\_ Date
- ☐ No justification provided for additional consideration.

Other (specify):

Completed by: Sherry Benton

Print Name

S Benton

Signature

Date

9/11/17

Distribution: Offender  
Inmate Issues

Printed on Recycled Paper

DOC 0070 (Rev. 5/2017)

RECEIVED 10/02/17

MUL  
EX# 30  
1-3  
MUL  
72

SENT TO COUNSELOR ALBION ON 08/11/2017  
 SENT TO WARDEN LASHBROOK BY MAIL ON 08/11/2017

COMMITTED PERSON'S GRIEVANCE

DATE: 08/11/2017

Committed Person: DAVID BENTZ

ID#: 5-03210

Present Facility: MEMPHIS

Facility where grievance issue occurred: MEMPHIS

NATURE OF GRIEVANCE:

☐ Personal Property ☐ Mail Handling ☐ Restoration of Good Time ☐ Disability

☐ Staff Conduct ☐ Dietary ☐ Medical Treatment ☒ Other (specify: CIVIL AND USUAL PUNISHMENT; STATE LAW AND STATE AND FEDERAL CONSTITUTIONAL RIGHTS AND OTHER MEDICAL RELATED ISSUES AND RETALIATION)

☐ Transfer Denial by Facility ☐ Transfer Denial by Transfer Coordinator

☐ Disciplinary Report: \_\_\_\_\_

Date of Report: \_\_\_\_\_

Facility where issued: \_\_\_\_\_

Note: Protective Custody Denials may be grieved immediately via the local administration on the protective custody status notification.

Complete: Attach a copy of any pertinent document (such as a Disciplinary Report, Shutdown Record, etc.) and send to: \_\_\_\_\_

Counselor, unless the issue involves discipline, is deemed an emergency, or is subject to direct review by the Administrative Review Board, Grievance Officer, only if the issue involves discipline at the present facility or issue not resolved by Counselor.

Chief Administrative Officer, only if EMERGENCY grievance.

Administrative Review Board, only if the issue involves transfer denial by the Transfer Coordinator, protective custody, involuntary administration of psychotropic drugs, issues from another facility except personal property issues, or issues not resolved by the Chief Administrative Officer.

EMERGENCY GRIEVANCE TO WARDEN LASHBROOK.

Brief Summary of Grievance: THIS GRIEVANCE IS BEING BROUGHT AGAINST JONAS AND JANE DOE PRISONERS OF THE ILLINOIS DEPARTMENT OF CORRECTIONS (IDOC) ADMINISTRATIVE, SUPERVISORIAL, SECURITY, AND MEDICAL PERSONNEL (TO INCLUDE THOSE CONTRACTED FOR OR BY IDOC, AND WEYFORD HEALTH SERVICES AND OTHERS) WHO, IN THEIR PROFESSIONAL, INDIVIDUAL OR OFFICIAL CAPACITIES DO PROMULGATE, AUTHORIZE, TRAIN, COLLUDE, ACQUIESCE, OR OTHERWISE PERMIT THIS GRIEVANT TO BE DENIED OF MEDICAL CARE, ACCESS, PAIN MEDICATION, AND OTHER FOR A EXTENDED PERIOD OF TIME, AND/OR FOR NO REASON AT ALL. THIS GRIEVANCE IS BEING SUBMITTED IN CONTAMPLATION OF AND PREPARATION FOR LITIGATION ALLEGING DELIBERATE MISFEASANCE, CIVIL AND USUAL PUNISHMENT, DENIAL OF PROSECUTED PAIN MEDICATION, DENIAL OF MEDICAL CARE, ALLEGING VIOLATIONS OF STATE LAW, AND STATE AND FEDERAL CONSTITUTIONAL RIGHTS.

THIS GRIEVANCE ARISES FROM THE PRISON RESIDENTS' DENYING THIS GRIEVANT OF MEDICAL CARE FOR A INJURY TO LEFT HAND, SPECIFICALLY 4TH RING FINGER ON LEFT HAND WHICH IS OBVIOUSLY BROKEN BY 45°S OUT OF PLACE, AND DENYING OF PAIN MEDICATION, AND DENIAL OF DOCTOR ORDERS.

ON JULY 29, 2017, I WAS RETURNING FROM EVENING YARD UPON CLOSING MY CELL DOOR NU-612 MY LEFT HAND SOMEHOW GOT CAUGHT IN THE DOOR AND BROKE MY LEFT HAND 4TH FINGER (RING FINGER) WHERE MY FINGER BENT 45° IN A DIRECTION IT IS NOT TO BEND.

ON JULY 30, 2017, I PLACED WITHIN NU-CELL HOUSE A SICK CALL SLIP (HAND WRITTEN) REQUESTING MEDICAL CARE FOR MY BROKEN FINGER.

ON AUGUST 01, 2017, NU-CELL HOUSE WENT ON LEVEL ONE LOCKDOWN, UNTIL AUGUST 07, 2017.

ON AUGUST 02, 2017, I WAS SEEN IN CELL HOUSE PER ABOVE SICK CALL SLIP BY NU-CELL HOUSE JANE DOE NURSE, SHE TOLD ME MY FINGER LOOKED BROKEN, BUT TOLD ME SHE CAN NOT SEND ME TO HEALTH CARE BECAUSE MEMPHIS/WEYFORD WILL NOT LET HER BECAUSE THEY DO NOT CONSIDER MY BROKEN FINGER A SERIOUS ENOUGH ISSUE/MEDICAL NEED TO DO AN X-RAY AND I WOULD HAVE TO WAIT UNTIL WE CAME OFF OF LOCKDOWN AS LOCKDOWN WAS THE REASON SHE COULD NOT SEND ME TO SEE A DOCTOR PER POLICIES. SHE GAVE ME A TONGUE COMPRESSOR AND TAPE TO KEEP MY FINGER STRAIGHT (MAKE SURE SPLIT HEAL). I WAS PREVIOUSLY PRESCRIBED S-BU'S FOR A PREVIOUS NECK INJURY, BUT

☒ Check only if this is an EMERGENCY grievance due to a substantial risk of imminent personal injury or other serious or irreparable harm to self.

10 and P/B

Committed Person's Signature: \_\_\_\_\_

ID#: 5-03210

Date: 08/11/2017

(Continue on reverse side if necessary)

Counselor's Response (if applicable)

Date Received: \_\_\_\_\_

☐ Send directly to Grievance Officer ☐ Outside jurisdiction of this facility. Send to Administrative Review Board, P.O. Box 19277, Springfield, IL 62794-9277

Response: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Print Counselor's Name: \_\_\_\_\_

Counselor's Signature: \_\_\_\_\_

Date of Response: \_\_\_\_\_

EMERGENCY REVIEW

RECEIVED

DATE: \_\_\_\_\_

Received: \_\_\_\_\_

Is this determined to be of an emergency nature?

☐ Yes; expedite emergency grievance

☒ No; an emergency is not substantiated. Committed person should submit this grievance in the normal manner.

\_\_\_\_\_

Chief Administrative Officer's Signature: \_\_\_\_\_

Date: 8/18/17



ON AUGUST 03, 2017, LATER THAT SAME DAY ORANGE CRUSH SHOOK DOWN NU-6 GALLERY, WHERE THEY TOOK ME (INMATES) TO THE CHAPEL CUFFED BEHIND MY BACK. I ASKED CRUSH OFFICER BELIEVED TO BE HOLLER (HELMET #62) IF HE COULD FRONT CUFF ME BECAUSE OF MY BROKEN FINGER AND BEING FORCED TO SIT WITH HANDS BEHIND BACK CAUSING CHRONIC PAIN TO MY FINGER AND BACK. WHEN I SHOWED CRUSH OFFICER HOLLER, #62 MY SPLINTED FINGER HE TOOK MY SPLINT AND WOULD NOT FRONT CUFF ME. I THEN ASKED TO SEE THE NURSE WHERE HE TOLD ME TO SHUT THE FUCK UP AND WALKED OFF.

UPON RETURNING TO MY CELL TWO (2) HOURS LATER, I FOUND OUT CRUSH TOOK MY PRESCRIBED I.B.U. AND TITRA TAPE AND TONG COMPRESSOR GIVEN TO ME BY NURSE ERLYER THAT DAY, LEAVING ME WITH NO PAIN MEDICATION, NO SUPPORT FOR FINGER (MAKE SHIFT SPLINT) OR ANY WAY TO RE-FILL PRESCRIBED I.B.U. FOR WEEK INJURY.

AFTER CRASH SHOOK DOWN ON AUGUST 03, 2017, I SAW THE EXTRA CHIEF TONY AND TONG COMPRESSOR THAT THE NURSE GAVE ME EARLYER THAT DAY ON THE GALLERY FLOOR, I STOPPED %0 MULHOLAND SHOWED HIM MY BROKEN FINGER AND ASKED TO GRAB THE MAKE SHIFT SPLINT OFF THE GALLERY FOR ME, AND TO TAKE ME TO HEALTHCARE SO I COULD GET PAIN MEDICATION BECAUSE CRASH TOOK IT ALL. %0 MULHOLAND ACKNOWLEDGED MY FINGER LOOKED BROKEN AND THEN TOLD ME HE DOES NOT HAVE TIME AND ~~WALKED~~ I WOULD JUST HAVE TO SUFFER. THEN HE WALKED OFF AND REFUSED TO DO ANYTHING AT ALL.

ON AUGUST 03, 2017, THE NU-CELL HOUSE WAS STILL ON LEVEL ONE LOCKDOWN, WHERE %0 MULHOLAND WAS PASSING OUT LUNCH TRAYS, UPON GIVING ME A TRAY I AGAIN REQUESTED MEDICAL CARE, WHERE I WAS UNRECEIVED BY %0 MULHOLAND OF PAIN/MAKE RETALIATION (%0 BOGAS INSULTINGLY ACTION) IF I KEPT SKING FOR MEDICAL CARE, AND THAT I WOULD NOT BE RECEIVING MEDICAL CARE BECAUSE I LIKE TO SUE THE HEALTHCARE OFFICERS, %0 MULHOLAND NEVER GOT ME MEDICAL CARE AND DID NOT TRY TO GET ME MEDICAL CARE AT ALL.

ON AUGUST 03, 2017, I PLACED WITHIN NU-6 GALLERY'S INSTITUTIONAL MAIL ADDRESSED TO HEALTHCARE ANOTHER MEDICAL REQUEST SLIP HAND WRITTEN REGARDING BROKEN FINGER AND CRASH TAKING PAIN MEDS ON WEEK AND MAKE SHIFT SPLINT FOR FINGER ANDING WITH RE-AGRIVATED WEEK INJURY DO TO CRASH, AND ME NOT BEING ABLE TO GET I.B.U. RE-FILL BECAUSE CRASH TOOK WHAT I NEED TO TURN IN TO GET RE-FILL.

ON AUGUST 06, 2017, PER REQUEST SLIP OF AUGUST 03, 2017, I WAS SEEN BY A JANE DOE ~~CELL~~ NURSE, IN HOUSE NU-CELL HOUSE ON THE 7AM-3PM SHIFT, WHERE SHE PUT ME IN FOR MY I.B.U. RE-FILL, AND IN MY WEEK, AND FOR MY BROKEN FINGER. SHE ALSO GAVE ME A 3-DAY SUPPLY OF I.B.U. TO HOLD ME OVER, AND TOLD ME IT WOULD BE AWHILE BEFORE I WOULD BE SEEN BY A DOCTOR OR GET X-RAYS BECAUSE THE TWO (2) DOCTORS ARE NEVER HERE (AT NEWARK).

BETWEEN JULY 29, 2017, THE DAY MY FINGER GOT BROKEN THROUGHOUT THIS PRESENT DATE OF AUGUST 11, 2017, HAVE CONTINUALLY REQUESTED MEDICAL CARE FOR ALL ABOVE ISSUES, BY REQUESTING OF CELL HOUSE STAFF, OFFICERS, NURSES, STAFF, LIT'S, COUNSELOR DESKE AND OTHER JOHN AND JANE DOE'S, ETC., ALL TO NO AVAIL.

AS OF AUGUST 11, 2017, IT HAS BEEN 14 DAYS WITHOUT ADOPTIVE AND/OR ANY CARE, OR PAIN MEDICATION FOR A BROKEN FINGER OR OTHER MEDICAL NEEDS LISTED ABOVE. (END)

### RELIEF REQUESTED:

- ① FINGER TO BE SET AND SPLINTED AFTER X-RAYS;
- ② TO RECEIVE PAIN MEDICATION, AS WAS PRESCRIBED MY RE-FILL;
- ③ HANDLES BE PLACED ON INSIDE OF CELL DOORS TO PREVENT FUTURE INCIDENTS, OR STAFF TO OPEN AND CLOSE CELL DOORS TO PREVENT FUTURE INCIDENTS INSTEAD OF PUTTING GRIEVANT/INMATE IN POSITION TO USE CELL DOOR WITH NO HANDLES MAKING A SAFETY HAZARD FOR ME AND OTHER INMATES;
- ④ TO STOP DENYING ME AND INMATES ACCESS TO HEALTH CARE (%0 DOCTORS) AND OTHER MEDICAL NEEDS WHEN ON LOCKDOWN.

THIS GRIEVANCE IS IN PREPERATION FOR LITIGATION

HEALTH CARE

09/12/2017

- ① CHRONIC PAIN TO BROKEN LEFT HAND RING FINGER, NEED PAIN MEDS,
- ② CHRONIC PAIN TO NECK, SWELLING, OTHER DO TO CRANE CRUSH SHAKEDOWN ON  
09/08/17 OF MV-CELL HOUSE ACTIVATING NECK INJURY, PAIN MEDS, MUSCLE  
RELAXERS, M.R.I. TO DIAGNOSE WHAT'S WRONG.
- ③ CHRONIC PAIN TO RIGHT HAND INJURY.

15/ David B.

BENTZ #5-03210

MV-612

MUL  
EX#37  
1-1

MUL  
75

ILLINOIS DEPARTMENT OF CORRECTIONS  
Offender Outpatient Progress Notes

Menard Correctional Center

Offender Information:

Bentz

Last Name

David

First Name

ID#:

103210

Date/Time	Subjective, Objective, Assessment	Plans
9-13-17	M D V AKO	P
9-13-17	need to make a fracture	Redo X Ray 3 views I 4 4th finger middle phalanx
9-14-17	X-RAY note	
9:00 AM	o/x ray order LT Hand a/x ray done	P/ Xray done Iron Benjamin





## ILLINOIS DEPARTMENT OF CORRECTIONS

## Offender Outpatient Progress Notes

MENARD CORRECTIONAL Center

Non-Specific  
Discomfort

## Offender Information:

Bentz

David

ID#: S03210

Date/Time	Subjective, Objective, Assessment	Plans
9/13/17	S) - Any Allergies NKA	P) MD Referral
0912	- Location of pain / discomfort @ hand, ring finger	Protocols & effective, continued pain
	- Describe pain Stabbing Throbbing <u>Constant</u> Intermittent Etc. <u>Burning</u> <u>Shooting</u>	- Patient presents more than twice at NSC for do same discomfort within one month
	- Have you had this pain before and how was it treated Yes - Since July - Mobic, Ibuprofen	- Patient presents with signs of acute, severe discomfort
	- Rate pain level scale of 1-10 varies - @ worst 8/10	- Patient has abnormal vital signs
	- Duration of pain x 2 months	No MD referral
9/25/17	D) <sup>T</sup> 98.2 <sup>P</sup> 79 <sup>R</sup> 10 <sup>BP</sup> 114/70 <sup>WT</sup> 125	& effective
	- Signs of obvious discomfort limited ROM to finger	- Acetaminophen 325 mg, 1 - 2 tablets t.i.d. PRN X 3 days (18 tablets)
	difficult to verbal - cuffed behind	- Ibuprofen 200mg 1-2 tabs t.i.d. PRN for 3 days (18 tabs)
	- Observations related to body part affected back level one	Patient Teaching
	hands cold, & noted cap refill -	- Return to see provider if symptoms worsen or interfere with daily functioning
	nails white. Unable to make	
	a fist.	
		Nurse Signature [Signature]
	A) Non-Specific Discomfort	Payment voucher YES <u>NO</u>

11:22:22 a.m. 09-18-2017

E

JC98021102

09/18/2017 11:30 3098621302

BLM RAD

PAGE 08/08

## ONE RADIOLOGY

Normal, Illinois

September 15, 2017

PATIENT NAME: Bentz, David

PATIENT NUMBER: S03210

DOB: 5/30/75

ORDERED BY: Dr. Shah

MENARD CORRECTIONAL CENTER

LEFT HAND SINGLE VIEW 9/13/2017

LEFT FOURTH DIGIT TWO VIEWS 9/13/2017

HISTORY: Injury.

FINDINGS: There is evidence of amputation at the level of the proximal interphalangeal joint of the middle finger. This finding is stable since the prior study.

Evaluation of the left 4<sup>th</sup> digit demonstrates a small avulsion fracture of the volar base of the middle phalanx. Follow-up study is recommended. The fracture appears to be nondisplaced.

  
 N. Yousuf, M.D.

NY:eg

Films from Menard Correctional Center

M.D. Review 9-21

Date

Doctor

Pull Chart

See Patient

File

 MUL  
 EX#35  
 1-1

BENTZ MCC (MR) 0130

 MUL  
 79

HEMLOCK CANY,

09/19/2017

- ① CHRONIC PAIN TO BROKEN LEFT HAND RING FINGER, NEED PAIN MEDS.
- ② CHRONIC PAIN TO NECK, SWELLING, OTHER DO TO ORANGE CRUSH SHAKEDOWN ON 09/08/17 OF NU-CELL HOUSE AGGRAVATING NECK INJURY, PAIN MEDS, MUSCLE RELAXERS, M.R.I. TO DIAGNOSE WHAT'S WRONG.
- ③ CHRONIC PAIN TO RIGHT HAND INJURY.

151 Doc 117

BENTZ #5-03210

NU-612

MUL  
EX# 36  
1-1

MUL  
80

OERCP101

ILLINOIS DEPARTMENT OF CORRECTIONS  
Offender 360  
PRINTED SCHED. CALL PASS

PAGE: 151

RUN DATE: 9/19/2017

RUN TIME: 10:45:57 AM

ILLINOIS DEPARTMENT OF CORRECTIONS - OTS

OFFENDER CALL PASS ISSUED

IDOC: S03210 BENTZ, DAVID R

Maximum A Moderate

MEN:MEN:NU:06:12:U1

PRIMARY: UNASSIGNED , PARTICIPANT-MEN:710040009

DESTINATION: North 1

DAY: 9/20/2017

AT:  
7:30:00  
AM

PASS TYPE: NURSE PRACTITIONER

COMMENTS: M. Moldenhauer NP/Done in Cell House/Must Honor

AUTHORIZED: Christa Mahnken

CELL HOUSE SIGNATURE: \_\_\_\_\_

TIME: \_\_\_\_:\_\_\_\_

DESTINATION SIGNATURE: \_\_\_\_\_

TIME: \_\_\_\_:\_\_\_\_

EXIT SIGNATURE: \_\_\_\_\_

TIME: \_\_\_\_:\_\_\_\_

RETURN SIGNATURE: \_\_\_\_\_

TIME: \_\_\_\_:\_\_\_\_

*MU*  
**EX#38**

1-1

*MUL*  
51



ILLINOIS DEPARTMENT OF CORRECTIONS  
Offender Outpatient Progress Notes

MENARD CORRECTIONAL Center

Offender Information:

Bentz  
Last Name

David  
First Name

ID#:

S03210

Date/Time	Subjective, Objective Assessment	Plans
9-20-17	NP S: Scheduled for 40	① Xray ② 4 <sup>th</sup> digit in
10 <sup>30</sup> A	pain ② hand - 4 <sup>th</sup> digit	2 sutures & @ 4 weeks
97+	reg. Motrin/Robaxin - had trouble	② Robaxin 500mg; PR BID PRN
136/78	Mobie	X1 mo.
84P	Xray = non displaced fx. —	③ Motrin 600mg; PR BID PRN
18R	Today splinted "Buddy"	X1 mo.
	splinted inf. to m.d.	④ Referral Dr. Seddiqui
	1/m clear 40 ② neck	M. Dir for Const ②
	chronic pain from old neck pain & ② 4 <sup>th</sup> digit	
	injury STATES "Excessive	digit fx. —
	force	
	A) PAIN / FX.	in the back of the hand



HEALTH CARE,

09/22/17

- ① CHRONIC PAIN TO BROKEN LEFT HAND RING FINGER, ECT...
- ② CHRONIC PAIN TO NECK, SWELLING OTITIS (M.R.I.), ECT...
- ③ CHRONIC PAIN TO RIGHT HAND, ECT...

151 Dec 17

BENTZ # 5-03210

NU-612

MUL  
EX # 40  
1-1

MUL  
84

HEALTH CARE,

09/24/2017

- ① CHRONIC PAIN TO BROKEN LEFT HAND RING FINGER, ECT...
- ② CHRONIC PAIN TO NECK, SWELLING, OTHER (M.R.I.), ECT...
- ③ CHRONIC PAIN TO RIGHT HAND, ECT...

*[Signature]*

BENTZ #5-03210

NU-612

MUL  
EX#47  
1-1

MUL  
85



HEALTH CARE,

09/26/17

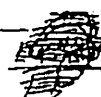
1. CHRONIC PAIN TO BROKEN LEFT HAND RING FINGER, ECT...
2. CHRONIC PAIN TO NECK, SWELLING, OTHER (M.R.I), ECT...
3. CHRONIC PAIN TO RIGHT HAND, ECT...

151 Dred K

BENTZ #5-03210

NU-612

MUL  
ET #42  
1-1

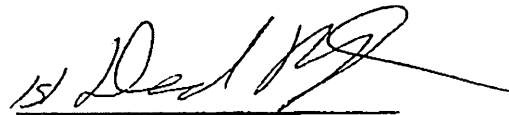


MUL  
86

HEALTH CARE,

09/28/2017

- ① CHRONIC PAIN TO BROKEN LEFT HAND RING FINGER, ETC...
- ② CHRONIC PAIN TO NECK, SWELLING, OTITER (M.R.I.), ETC...
- ③ CHRONIC PAIN TO RIGHT HAND, ETC...



BENTZ #5-03210

NU-612

MLL  
EX #49  
1-1

MLL  
87

ILLINOIS DEPARTMENT OF CORRECTIONS

FRANCIS/WECK

5 1000

Offender Authorization for Payment

Posting Document # \_\_\_\_\_ Date 9-30-17

Offender Name BEITZ, David ID# 503210 Housing Unit NU 012

Pay to MCC

Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_

The sum of \$5 dollars and 00 cents charged to my trust fund

account, for the purpose of MCC

☐ I hereby authorize payment of postage for the attached mail. ☐ I hereby request information on electronic funds transfers to be placed in the attached mail.

Offender Signature [Signature] ID# 503210

Witness Signature [Signature]

☐ Approved ☐ Not Approved Chief Administrative Officer Signature \_\_\_\_\_

Postage applied in the amount of \_\_\_\_\_ dollars and \_\_\_\_\_ cents.

Distribution: Business Office, Offender, Mail Room

Printed on Recycled Paper

DOC 0298 (Eff. 1/2008)  
(Replaces DC 828)

1-1  
MCC  
#47

881  
MCC

## I. LINDS DEPARTMENT OF CORRECTIONS

## Offender Outpatient Progress Notes

MENARD CORRECTIONAL Center

Non-Specific  
Discomfort

## Offender Information:

Bentz  
Last NameDavid  
First Name

ID#: S03210

Date/Time	Subjective, Objective, Assessment	Plans
9-30-17	S) - Any Allergies NKDA	PI/MD Referral
9A	- Location of pain / discomfort L hand, 4th digit	- Patient presents more than twice at NSC for d/o same discomfort within one month
	- Describe pain Stabbing Throbbing <u>Constant</u> Intermittent Etc.	- Patient presents with signs of acute, severe discomfort
	- Have you had this pain before and how was it treated SR" 2 mos. 1, 0 tx, pain med therapy	- Patient has abnormal vital signs
	- Rate pain level scale of 1 - 10 SR" 10"	
	- Duration of pain SR" 2 mos ago"	No MD referral
	O) T 98.4 P 80 R 20 BP 120/80 WT 175.0	- Acetaminophen 325 mg, 1 - 2 tablets t.i.d. PRN X 3 days (18 tablets)
	- Signs of obvious discomfort ROM limited. SR" I had	- Ibuprofen 200mg 1-2 tabs t.i.d. PRN for 3 days (18 tabs)
	Xray done, was told it	Patient Teaching
	- Observations related to body part affected my finger was still	- Return to see provider if symptoms worsen or interfere with daily functioning
	fractured. bruising, swelling noted.	
	Im requesting Motrin	
		Nurse Signature M. Marshall
	A) Non-Specific Discomfort	Payment voucher <u>YES</u> NO



GCRCP101

ILLINOIS DEPARTMENT OF CORRECTIONS  
Offender 360  
PRINTED SCHED. CALL PASS

PAGE: 209

RUN DATE: 9/29/2017

RUN TIME: 11:36:00 AM

ILLINOIS DEPARTMENT OF CORRECTIONS - OTS

OFFENDER CALL PASS ISSUED

IDOC: S03210 BENTZ, DAVID R

Maximum A Moderate

MEN: MEN: NU: 06:12:U1

PRIMARY: UNASSIGNED, PARTICIPANT-MEN710040009

DESTINATION: North 1

DAY: 10/2/2017

AT:  
7:30:00  
AM

PASS TYPE: DOCTOR CALL LINE

COMMENTS: Dr. Siddiqui/Done in Cell House/Must Honor

AUTHORIZED: Christa Mahnken

CELL HOUSE SIGNATURE: \_\_\_\_\_

TIME: \_\_\_\_\_

DESTINATION SIGNATURE: \_\_\_\_\_

TIME: \_\_\_\_\_

EXIT SIGNATURE: \_\_\_\_\_

TIME: \_\_\_\_\_

RETURN SIGNATURE: \_\_\_\_\_

TIME: \_\_\_\_\_

- OLD ME X-RAY

3-MONTH IBU 3X DAY 600mg

3-MONTH MUSCLE RELAXER

WAS TOLD DO NOTHING FOR RIGHT HAND WETPHD/J.D.O.C. WOULD NOT LET HIM  
DO ANYTHING FOR RIGHT HAND OR LEFT RING FINGER ETC. -

NOTE: SEEN DO TO DAD'S E-MAIL/COMPLAINT  
OR GRIMACE (M)

MVL

EX#45

1-1

MVL  
90

DOC 0034 (EF. 9:2002  
(Replaces DC 7147)

ONE RADIOLOGY

Normal, Illinois

October 11, 2017

PATIENT NAME: Bentz, David

PATIENT NUMBER: S03210

DOB: 5/30/75

ORDERED BY: Moldenhauer

Menard Correctional Center

LEFT FOURTH DIGIT COMPLETE

10/10/2017

HISTORY: Fracture. Follow-up.

DISCUSSION:

Two views demonstrate a partial amputation of the left middle finger. A small avulsion fracture of the volar base of the middle phalanx seen on the prior examination appears to have partially healed. An additional follow-up study may be considered as deemed appropriate.

N. Yousuf, M.D.

NY:eg

Study from Menard Correctional Center

M.D. Review

Date 10-14-17

Doctor MMNFC

Pull Chart

See Patient

File

receive  
10/16/17

MUL  
EX #48  
1-1

BENTZ MCC (MR) 0131

MUL  
92

## ILLINOIS DEPARTMENT OF CORRECTIONS

## Offender Outpatient Progress Notes

Menard Correctional Center

## Offender Information:

Bentz

Last Name

David

First Name

MI

ID#: 303210

Date/Time	Subjective, Objective, Assessment	Plans
10/10/17	Xray note	
9A	L hand done	Blumquist RT
10/11/17	RX W/Ole.	
225A	S: Scheduled For Court Writ O: No Apparent Medical Procedures Pending	
	A: Physically Stable - per JR P: Promoted to V-1	Chambers, RW
10/23/17	Xray note	
DAM	L 4th finger Xray done	Beckman RT(R) -
10/24/17	NP S: Sched to eval	P: 7/4 on Zentel
128/70	rev. Xray @ 4th digit	Xray taken recently
809	O: No edema - YC	
130*	redness	
96*	4th digit	from edema/RSW
		Noted
		10/4/17 @ 1235
		Watson



JOHN HOWARD ASSOCIATION (ATTN: PRA)

10/10/17

I, HAVE A INJURY TO MY RIGHT HAND THAT CAUSES ME CHRONIC PAIN TO WRITE A LOT.

I HAVE WRITTEN SEVERAL GRIEVANCES FOR 9/0 FURLOW, 9/0 D. GROSS, 9/0 YANKEY, OF MENARD CORRECTIONAL CENTER'S NORTH UPPER CELL HOUSE ON THE 7AM-3PM SHIFT (AND OTHER STAFF) REGARDING SEXUAL ASSAULT AND SEXUAL HARASSMENT BY ABOVE STAFF ALL TO NO AVAIL.

DO TO HAND INJURY I CAN NOT WRITE IN DETAIL, BUT ABOVE STAFF THREATS OF RAPE, ASSAULT, HARASSMENT STILL CONTINUE TO THIS DATE AND HAVE CONTINUED SINCE JULY 29, 2017, TO PRESENT DATE ON A DAILY BASES.

I REQUEST TO TALK TO SOMEONE ABOUT ABOVE IN DETAIL IN PERSON WHO IS NOT A PART OR INVOLVED WITHIN MENARD CORRECTIONAL CENTER, AND REQUEST ALL BE DOCUMENTED, YES THERE HAS BEEN PHYSICAL CONTACT (TOUCHING BY STAFF ABOVE).

PLEASE CONTACT ME A.S.A.P. MY INFO IS AS BELOW DESCRIBED THANK YOU. PLEASE MARK CORRESPONDANCE AS PRIVILEGED. WANT TO TALK TO SOMEONE IN PERSON NOT FROM MENARD. PLEASE!! THANK YOU.

DATE: 10/10/17

*B. Bentz*  
DAVID BENTZ (#5-03210)  
MENARD CORRECTIONAL CENTER  
P.O. BOX #1000  
MENARD, ILLINOIS  
62259

MUL  
EX #150  
1-1

MUL  
94

MENTAL HEALTH

10/12/17

I REQUEST TO SPEAK TO MENTAL HEALTH  
IN PRIVATE PLEASE

THANK YOU

*[Signature]*

BENTZ (#5-03212)

NU-612

MUL  
EX# ~~8050~~ 51  
1-1

MUL  
95

1-1  
EX#53  
7766

17122

Posting Document # \_\_\_\_\_ Date 10/20/17  
Offender Name BENTZ ID# 5-03210 Housing Unit NV-612  
Pay to LAW LIB

Address \_\_\_\_\_  
City, State, Zip \$ 1 70¢

The sum of 100 dollars and 00 cents charged to my trust fund account, for the purpose of B(7) GREG/B(7) GONZALEZ/B(7) HARDY COPIES @ B(7) MUL (17)

☐ I hereby authorize payment of postage for the attached mail. ☐ I hereby request information on electronic funds transfers to be placed in the attached mail.

Offender Signature [Signature] ID# 5-03210

Witness Signature \_\_\_\_\_

☐ Approved ☐ Not Approved Chief Administrative Officer Signature \_\_\_\_\_

Postage applied in the amount of 0 dollars and 0 cents.

Distribution: Business Office, Offender  
LL

Printed on Recycled Paper

DOC 0296 (Eff. 1/2006 )  
(Replaces DC 828)

ONE RADIOLOGY

Normal, Illinois

October 25, 2017

PATIENT NAME: Bentz, David

PATIENT NUMBER: S03210

DOB: 5/30/75

ORDERED BY: Moldenhauer

Menard Correctional Center

LEFT FOURTH DIGIT THREE VIEWS

10/23/2017

HISTORY: Pain.

FINDINGS: Partial amputation of the 3<sup>rd</sup> digit is noted at the proximal interphalangeal joint without change. There is no acute bony fracture or dislocation.

A small avulsion fracture of the volar base of the middle phalanx seen on the prior studies has further healed. Additional follow-up is left to your discretion.

64  
N. Yousuf, M.D.

NY:eg

Study from Menard Correctional Center

M.D. Review  
Date 10/27/17  
Doctor [signature]  
Pull Chart [signature]  
See Patient [signature]  
File [signature]

received  
10/27

MUL  
EX#53  
1-1

MUL  
BENTZ MCC (MR) 0132 97



OERCP101



ILLINOIS DEPARTMENT OF CORRECTIONS  
Offender 360  
PRINTED SCHED. CALL PASS



PAGE: 278

RUN DATE: 10/23/2017

RUN TIME: 10:21:56 AM

ILLINOIS DEPARTMENT OF CORRECTIONS - OTS

OFFENDER CALL PASS ISSUED

IDOC: S03210 BENTZ, DAVID R

Maximum A Moderate

MEN:MEN:NU:06:12:01

PRIMARY: UNASSIGNED , PARTICIPANT-MEN710040009

DESTINATION: North 1

DAY: 10/24/2017

AT:  
12:00:0  
0 PM

PASS TYPE: PHYSICIAN'S ASSISTANT

COMMENTS: NP Moldenhauer in North I - MUST HONOR

AUTHORIZED: TAMERA TURNER

CELL HOUSE SIGNATURE: \_\_\_\_\_

TIME: \_\_\_\_:\_\_\_\_

DESTINATION SIGNATURE: \_\_\_\_\_

TIME: \_\_\_\_:\_\_\_\_

EXIT SIGNATURE: \_\_\_\_\_

TIME: \_\_\_\_:\_\_\_\_

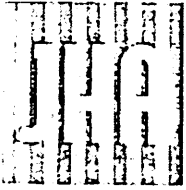
RETURN SIGNATURE: \_\_\_\_\_

TIME: \_\_\_\_:\_\_\_\_

MUL

MUL  
98

EX# ~~100~~ 54  
1-1



## John Howard Association of Illinois

P.O. Box 10042, Chicago, IL 60610-0042  
Tel. 312-291-9237 Fax. 312-526-3714

October 29, 2017

Mr. David Bentz #S03210  
P.O. Box 1000  
Menard, IL 62259

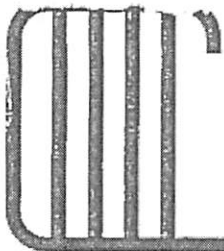
Dear Mr. Bentz,

Although your letter was not marked "attn: PREA," it raised a PREA claim. The federal Prison Rape Elimination Act (PREA) established a zero tolerance standard for sexual abuse and harassment in prisons and jails in the United States. Please let me know if you want the letter dated 10-10-17 to be considered a PREA report.

JHA's role regarding PREA claims is as a third party reporter, this means that we must pass on inmate reports to IDOC to investigate, but we cannot independently investigate reports. PREA reports are sent to an IDOC official in Springfield. Unlike all other letters mailed by inmates to JHA, we cannot record the issues raised via the letters or keep copies of the letters. PREA reports are confidential communications between an inmate and IDOC-Springfield, they are not confidential reports to JHA, as is the case with all other letters.

Regards,

JHA Staff



**Illinois**  
Department of  
**Corrections**

Date: 11/01/17

To: Bentz S03210, NU 6-12

From: Grievance Office

Subject : Receipt

Grievance Office received grievance <sup>#</sup>8-11-17 and <sup>#</sup>9-11-17 marked emergency by offender for Staff Conduct, both dated 10/10/17.

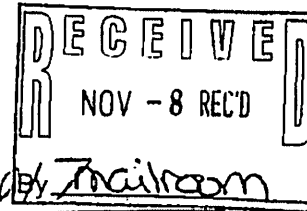
MUL  
100

MUL  
EX # ~~40~~ 55  
1-1

MUL  
100

ILLINOIS DEPARTMENT OF CORRECTIONS

Offender Authorization for Payment



Posting Document # \_\_\_\_\_

Date 11/06/2017

Offender Name DAVID BENIZ

ID# 503210

Housing Unit MU-612

Pay to \_\_\_\_\_

Address N/A

City, State, Zip \_\_\_\_\_

The sum of 00 dollars and 00 cents charged to my trust fund

account, for the purpose of TO: A.R.B. #137-9-17; #136-9-17; #135-9-17 <# MU> 1-LETTER  
3- GRIEVANCES

☒ I hereby authorize payment of postage for the attached mail.

☐ I hereby request information on electronic funds transfers to be placed in the attached mail.

Offender Signature [Signature]

ID# 5-03210

Witness Signature \_\_\_\_\_

☐ Approved ☐ Not Approved Chief Administrative Officer Signature \_\_\_\_\_

Postage applied in the amount of \_\_\_\_\_ dollars and 70 cents.

Distribution: Business Office, Offender, Mail Room

LEGAL MAIL  
[Signature]

NOV - 8 2017

DOC 0298 (Eff. 1/2006)  
(Replaces DC 828)

Printed on Recycled Paper

MAILED OUT

C8

MU  
EX-57  
1-1

MU  
101



11/10/17

MU-617

7:30 AM

TYPE: DR. CALL LINE

COMM: DR. SIDDIQUI / DOWN HCU / MUST MONITOR

AUTH: CHARLITA MAHANKEN

MUL MUL  
EX #58 100  
1-1

## ILLINOIS DEPARTMENT OF CORRECTIONS

## Offender Outpatient Progress Notes

Menard Correctional Center

## Offender Information:

Bentz David ID#: S03210  
Last Name First Name MI

Date/Time	Subjective, Objective, Assessment	Plans
11/10	F/U fx	
120/16	(L) Ringer - xray 10/23/17	
9/1	= Healed	
65	still has mild Pain - NO	
18	further intervention at this time	
120/40	Soldier	
	<del>11/10/17</del>	
	835	

Distribution: Offender's Medical Record

Printed on Recycled Paper

DOC 0084 (EF 9/2002  
(Replaces DC 7147)

MLL  
 EX#59  
 1-1

BENTZ MCC (MR) 0117

MLL  
 103

Bruce Rauner  
Governor



John Baldwin  
Acting Director

The Illinois Department of Corrections

G-#1379-17

1301 Concordia Court, P.O. Box 19277 • Springfield, IL 62794-9277 • (217) 558-2200 TDD: (800) 526-0844

November 16, 2017

David Bentz  
Register No. S03210  
Menard Correctional Center

Dear Mr. Bentz:

This is in response to your grievance received on November 13, 2017, regarding Medical (Tx Broken Finger/Neck), which was alleged to have occurred at Menard Correctional Center. This office has determined the issue will be addressed without a formal hearing.

Offender Bentz submitted a grievance dated September 2, 2017 regarding the alleged lack of overall medical care for his broken finger and neck pain. Bentz claims overall threats and harassment by numerous HCU Staff. As written, these claims are not substantiated. On August 28, 2017, Bentz claims threats by C/O Yankey, Sgt. Case and C/O Furlow. No further specifics are provided for this claim. As written, this claim is unsubstantiated. On August 29, 2017, Bentz again claims harassment and threats by C/O Furlow, C/O Yankey and two unidentified Officers. As written, this claim is unsubstantiated. On August 30, 2017, Bentz claims he was not allowed to attend a legal exchange, despite having a court deadline. Bentz provides no date of the deadline, nor does he provide a verified court-ordered deadline. As such, this claim is unsubstantiated. On August 31, 2017, Bentz claims he was sexually harassed by staff (who called him a fag) and was threatened to be pushed down the stairs. These named staff are: C/O Furlow, C/O Yankey, C/O Gross and Sgt. McClure. The issue of being placed on deadlock has no merit and won't be addressed. While attempting to see the Nurse on September 2, 2017, Bentz claims C/O Gross turned the lights off on him and told him to return to his cell; thus denying him access to medical treatment. Upon returning to the cell (9/2/17), Bentz claims C/O Gross and C/O Yankey assaulted him by pushing him into the wall, telling him he will never get any medical treatment due to all the grievances he files. Due to a deadlock of August 31, 2017, Bentz writes he was denied movement to chow. This claim has no merit and will not be addressed. On September 2, 2017, Bentz writes he saw Dr. Shah and takes issue with treatment (or lack thereof) provided. It is noted that type of treatment provided, including that of prescribed medications, are at the discretion of the tending Physician.

The Grievance Officer's Report (137-9-17) and subsequent recommendation dated October 16, 2017 and approval by the Chief Administrative Officer on October 19, 2017 have been reviewed.

Based on a total review of all available information, it is the opinion of this office that the grievance be remanded back to Menard's Grievance Office to amend this report to include a review of the claims set forth by Bentz against Staff. Once completed, a copy of the amended report is to be provided to this office and Offender Bentz. Once received, this office will finalize this review.

FOR THE BOARD:

*Sherry Benton*

Sherry Benton  
Administrative Review Board  
Office of Inmate Issues

I concur. Menard's Grievance Office is to proceed as directed above.

*John R. Baldwin*

John R. Baldwin  
Acting Director

cc: Warden, Menard Correctional Center  
Grievance Office, Menard Correctional Center  
David Bentz, Register No. S03210  
Tickler File, ARB/Inmate Issues

ILLINOIS DEPARTMENT OF CORRECTIONS  
RESPONSE TO OFFENDER'S GRIEVANCE

104-6-12

## Grievance Officer's Report

Date Received: September 28, 2017 Date of Review: October 16, 2017 Grievance # (optional): 137-9-17

Offender: Bentz, David ID#: S03210

Nature of Grievance: Medical Treatment

**Facts Reviewed:** All information submitted to the Grievance Officer by the offender or institutional staff pertaining to this issue(s) being grieved has been thoroughly reviewed. Offender submitted (2) grievances dated 8/11/2017 and 9/2/2017. The offender grieves denial of medical care for a broken finger due to closing his cell door. In addition he states that he has requested an MRI for neck pain for the last month and has not received it.

**Relief requested:** Receive medical care for broken finger, neck injury, right hand injury (i.e. MRI and muscle relaxers for neck); investigate above issues; all issues responded to individually and addressed.

**Counselor responded on 9/9/2017** - See attached HCU Response: Dr. Siddiqui, the Facility Medical Director and RN Hawkins have reviewed your grievance and offer the following: On 8/11/17 you wrote a grievance requesting medical attention for your left fourth finger. On 8/2/17 you were seen on Nurse Sick Call for this and referred to the doctor. On 8/16/17 you were scheduled to see the doctor but were a "no show". You saw a nurse 8/18/17 and was again referred to the doctor. You saw the doctor 8/24/17 and had an x-ray ordered. Pain medication was also ordered. Inmates still have access to healthcare while on lockdown. If you have any further problems, please follow procedure and put in for sic, call so they can be addressed.

**Grievance Office reviewed on 10/10/2017** - In addition, the Health Care Unit advised that the offender saw Dr. Shah on 9/2/2017 and had an x-ray. He was given pain medicine on 8/29/2017. This inmate has had his finger splinted. It was re-xrayed also on 9/13/2017. It is a non-displaced fracture. He was seen in nurse sick call on 9/13/2017 requesting stronger pain medicine for neck pain and finger pain. Referred to MD. 9/20/2017 seen by NP examined neck and hand. Pain medication reordered and referred to Medical Director. Saw Dr. Siddiqui on 10/2/2017 for chronic neck pain and H/O left ring finger fracture. Medication prescribed. If further problems please put in for nurse sick call so they may be addressed.

**Recommendation:** Based upon a total review of all available information, it is the recommendation of this Grievance Officer that the inmate's grievance be MOOT. The offender is receiving medical treatment.

Kelly Pierce - Menard Correctional Center

Print Grievance Officer's Name



Grievance Officer's Signature

(Attach a copy of Offender's Grievance, including counselor's response if applicable)

## Chief Administrative Officer's Response

Date Received: October 19, 2017

☒ I concur☐ I do not concur☐ Remand

Comments:

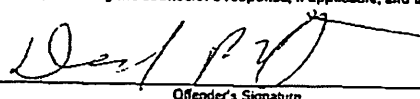


10/19/17

Date

## Offender's Appeal To The Director

I am appealing the Chief Administrative Officer's decision to the Director. I understand this appeal must be submitted within 30 days after the date of the Chief Administrative Officer's decision to the Administrative Review Board, P.O. Box 19277, Springfield, IL 62794-9277. (Attach a complete copy of the original grievance, including the counselor's response, if applicable, and any pertinent documents.)



Offender's Signature

S-03210

ID#

11/02/17

Date

MUL  
EX# 60

104-6-12

MUL  
OOC 0047 (Rev. 3/2005) 105

MUL NU-6-12

TO GRRIANCE OFFICER BY IN-HOUSE ON 09/02/2017  
TO COUNSELLOR ALSEP NU-64 DOI ON 09/02/17

ILLINOIS DEPARTMENT OF CORRECTIONS  
OFFENDER'S GRIEVANCE

09/02/2017 Offender: (Please Print) DAVID BELTZ ID#: 5-03210

Facility: MENARD Facility where grievance issue occurred: MENARD 137-9-17 #1

RE OF GRIEVANCE:

Personal Property ☐ Mail Handling ☐ Restoration of Good Time ☐ RETALIATION, EXCESSIVE FORCE, ASSAULT & BATTERY, SEXUAL HARASSMENT, ACCESS TO COURT, DELIBERATE MISFEASANCE

Staff Conduct ☐ Dietary ☐ Medical Treatment ☐ ADA DENIAL OF MEDICAL CARE, STATE HIPAA LAWS, OUTRAGES, STATE AND FEDERAL CONSTITUTIONAL RIGHTS, AND OTHER

Transfer Denial by Facility ☐ Transfer Denial by Transfer Coordinator ☒ Other (specify): ASSAULT DESCRIBED (12 PARAGRAPH)

Disciplinary Report: 1/1 Date of Report: Facility where issued: 1

Note: Protective Custody Denials may be grieved immediately via the local administration on the protective custody status notification.

Also: Attach a copy of any pertinent document (such as a Disciplinary Report, Shakedown Record, etc.) and send to: Counselor, unless the issue involves discipline, is deemed an emergency, or is subject to direct review by the Administrative Review Board. Grievance Officer, only if the issue involves discipline at the present facility or issue not resolved by Counselor. Chief Administrative Officer, only if EMERGENCY grievance. Administrative Review Board, only if the issue involves transfer denial by the Transfer Coordinator, protective custody, involuntary administration of psychotropic drugs, issues from another facility except personal property issues, or issues not resolved by the Chief Administrative Officer.

History of Grievance (Provide information including a description of what happened, when and where it happened, and the name or identifying information of person involved): THIS IS ONE OF SEVERAL GRIEVANCES BRINGING ABOUT PRIVATE AND PUBLIC PRISON RESIDENTS OF THE ILLINOIS DEPARTMENT OF CORRECTIONS (I.D.C.) ADMINISTRATIVE, SUBVERSIVE, SECURITY, AND MEDICAL PERSONNEL TO INCLUDE THOSE CONTRACTED FOR OR BY I.D.C., AND/OR VENDOR HEALTH SERVICES, TO FURNISH TO PRISONERS, TO GROSS, M.P. MOLDENHAEGER, DR. SHAH, JOHN AND JANE DOE NURSES, AND OTHER UNIDENTIFIED JOHN AND JANE DOE'S, WHO IN THEIR PROFESSIONAL, INDIVIDUAL, OR OFFICIAL CAPACITIES DO ADMONISH, AUTHORIZE, TRAM, COULDS, ACQUIESCE, OR OTHERWISE CAUSE THIS GRIEVANT TO BE DEPRIVED OF MEDICAL CARE, PAIN MANAGEMENT, TREATMENT, ASSAULT, RETALIATION, ABUSE, GRIEVANT FOR EXTENDED PERIODS OF TIME, AND/OR FOR NO REASON AT ALL. THIS GRIEVANCE IS BEING SUBMITTED IN CONTINUATION OF AND IN CONNECTION WITH LITIGATION ALLEGING DELIBERATE INDIFFERENCE, CRUEL AND USUAL PUNISHMENT, DENIAL OF MEDICAL CARE, ASSAULT, ALLEGING VIOLATIONS OF STATE LAW AND STATE AND FEDERAL CONSTITUTIONAL RIGHTS.

THIS GRIEVANCE ARISES FROM PRIVATE AND PUBLIC RESIDENTS' CONTINUED AND ONGOING DENIAL OF THIS GRIEVANT'S ADEQUATE MEDICAL CARE FOR A INJURY TO LEFT HAND BARRER RING FINGER WHICH IS CONTINUOUSLY BURNING, VEIN INFLAMMATION, BURN INFLAMMATION, AND THUMB, ASSAULT, RETALIATION FOR FILING GRIEVANCES, LAWSUITS, AND SUING/COMPLAINING ABOUT MEDICAL WEEDS, AND OTHER AS DESCRIBED IN ABOVE PRIVATE RESIDENTS' AND JOHN AND JANE DOE'S, AND OTHERS TO THIS GRIEVANT.

BETWEEN JULY 29, 2017, AND SEPTEMBER 02, 2017, WHERE THIS GRIEVANT HAS CONTINUOUSLY REQUESTED MEDICAL CARE OF ALL MAJOR PRIVATE RESIDENTS' FOR THIS GRIEVANT'S BURNED LEFT HAND RING FINGER (BURNED FINGER) BACK INFLAMMATION AND RIGHT HAND INFLAMMATION ALL OBVIOUS AND CHRONIC PAIN ALL TO NO AVAIL, WHERE MAJOR PRIVATE RESIDENTS' HAVE AND CONTINUE TO TREATEN, ASSAULT AND BATTERY, RETALIATE, AND DENY GRIEVANT OF MEDICAL CARE FOR ADOLESCENTS AND DETOLOCING THIS GRIEVANT TO HIS CELL NU-64 IN RETALIATION FOR WORKING ON AT ALL THAT IS VIOLATED.

ON AUGUST 24, 2017, THIS GRIEVANT SAW WITHIN NU-CELL HOUSE HEALTHCARE M.P. MOLDENHAEGER AT ABOUT 10:00 AM. REGARDING THIS GRIEVANT'S BURNED FINGER TO LEFT HAND BURNED FINGER, VEIN INFLAMMATION, BURN INFLAMMATION FOR AT LEAST 3 1/2 WEEKS. I REQUESTED OF M.P. MOLDENHAEGER FOR X-RAY OF MY BURNED FINGER, WHERE M.P. MOLDENHAEGER TOLD ME THAT HE SUGGEST NOT TO GET AN X-RAY BECAUSE NOTHING WAS GOING TO BE DONE ABOUT MY

Check only if this is an EMERGENCY grievance due to a substantial risk of imminent personal injury or other serious or irreparable harm to self.

Offender's Signature: [Signature] ID#: 5-03210 Date: 09.02.2017

(Continue on reverse side if necessary)

Counselor's Response (if applicable) SEP 28 2017

Ived: 9.5.17 ☐ Send directly to Grievance Officer ☐ Outside jurisdiction of this facility. Send to Administrative Review Board, P.O. Box 19277, Springfield, IL 62794-9277

Response: See Attached HCU Response

K Allsup K Allsup 9.15.17

First Counselor's Name Counselor's Signature Date of Response

EMERGENCY REVIEW

Is this determined to be of an emergency nature? ☐ Yes; expedite emergency grievance ☐ No; an emergency is not substantiated. Offender should submit this grievance in the normal manner.

Chief Administrative Officer's Signature Date

#137-9-17 #1  
MAILED TO ARRS  
ON 11/02/17

3-7

B-A

MUL EX-60

MUL



ILLINOIS DEPARTMENT OF CORRECTIONS  
OFFENDER'S GRIEVANCE (Continued)

BROKEN FINGER AND THE DOCTOR, WATFORD, MELIND WILL NOT DO ANYTHING FOR MY BROKEN FINGER. AFTER CONSULTING WITH (BROKEN) FOR X-RAY, M.P. MOLENHAEVER GAVE IN AND PUT THIS GRIEVANT IN FOR X-RAY STATING "YOUR FINGER IS NOT BROKEN" BUT NOT FOR THIS GRIEVANT'S PAIN OF HAND HE WOULD PUT ME IN FOR X-RAYS (MY SATISFACTION) BUT IT STILL DID NOT MATTER BECAUSE NO ONE IS GOING TO DO ANYTHING FOR MY BROKEN FINGER. M.P. MOLENHAEVER PUT ME ON 7.5mg MOLOL ONE TIME A DAY (MIDNIGHT) (EVENING) AND TOLD ME HE WOULD GIVE ME MUSCLE RELAXERS (THE MUSCLE RELAXERS I NEVER RECEIVED) AND NEVER AT THE WORKSHOP RELAXERS AS I LATER FOUND OUT AS ALL (DISCLOSED) I RECEIVED THE PAIN MEDS (PAIN) THAT NIGHT OR NEXT NIGHT, WHERE I TOOK THE PAIN MEDICATION (PAIN) FOR TWO DAYS AND IT IMPROVED MY NECK INJURY AND DID NOTHING FOR ME.

ON AUGUST 28, 2017, I PUT IN ANOTHER SICK CALL SLIP WITHIN MY CELL HOUSE SICK CALL BOX PER, SAW M.P. MOLENHAEVER HE TOLD ME THAT HE WOULD PRESCRIBE ME MUSCLE RELAXERS AND MOLOL (MOLLOXIN) I HAVE NOT RECEIVED ANY MUSCLE RELAXERS, AND THE MOLOL I WANT TO CHANGE BACK TO 2.5mg 600mg 3x PER DAY, DO TO THE MOLOL IMPROVING MY NECK INJURY AND NOT WORKING AT ALL FOR MY NECK OR BROKEN FINGER.

ON AUGUST 28, 2017, I WAS ON A LINE MOVEMENT (MU-6 GALLERY) TO SHOW HALL WHERE AT THE END OF MU-6 GALLERY CLOSE TO CELL MU-654 SO YANKEE WITHOUT ANY KIND OF PROTECTION, I THREATENED THIS GRIEVANT WITH ASSAULT AND BATTERY, EXCESSIVE FORCE, SEXUAL HARASSMENT AND OTHERS, AND WHEN THIS GRIEVANT WID PASSES THE MU-CELL HOUSE SET. CASE SO FOLLOW FROM WITHIN THE CASE STARTED TO DO THE SAME AS ABOVE SO YANKEE.

ON AUGUST 29, 2017, THIS GRIEVANT RECEIVED A TELEPHONE CALL AND FOR X-RAYS, AUTHORIZED BY CHIEF NIA NATHAN FOR 7.5mg WHERE I WAS LET OUT OF MY CELL MU-6 BATTERY MU-6 GALLERY WAS RUN TO RECEPTION (END) AT ABOUT 3:00 PM TO GO DOWN STAIRS AND WAIT IN THE MU-CELL P.V. AT THE END OF MU-6 GALLERY ON THE PLAS BY THE MU-654 CELL SO FOLLOW, SO YANKEE, AND TWO (2) OTHER UNIDENTIFIED PRISONERS WERE WAITING FOR THE MU-6 GALLERY RECEPTION (BY) LINK TO RE-ENTRY, WHERE I WAS THIS GRIEVANT EXITING THE 6-GALLERY ABOVE 905 STARTED TO MAKE THREATS OF ASSAULT, AND SEXUAL HARASSMENT WITHOUT ANY PROTECTION FROM THIS GRIEVANT.

ON AUGUST 29, 2017, WHEN GRIEVANT WAS LATER TAKEN TO RECEPTION FOR X-RAYS THE X-RAY TECH TOOK TWO (2) X-RAYS OF THIS GRIEVANT LEFT HAND A TOP AND SIDE VIEW FOR Y-RAYS FINGER, AND TOLD GRIEVANT THAT THE Y-RAY FINGER WAS BROKEN AND THAT THERE WAS A PIECE BROKEN OFF IN MY FINGER LOOSE, WHERE I WENT TO X-RAY TECH SPUN TO MY FINGER WITH A TONGUE COMPRESSOR AND TONGUE (TONGUE SHIRT SHIRT) AND TOLD THIS GRIEVANT THAT SHE WAS TRYING TO GET A HOLD OF M.P. MOLENHAEVER, I ALSO TOLD HER ABOUT ABOVE (1000) THE MOLOL DRUGS I WAS TAKING MY NECK INJURY AND NOT WORKING AT ALL AND THAT I WANTED TO BE BACK ON 2.5mg 600mg 3x PER DAY AND SHE COULD ASK FOR IT, I WENT TO RECEPTION AND TOLD THE MUSCLE RELAXERS THAT M.P. MOLENHAEVER TOLD THIS GRIEVANT HE WOULD PRESCRIBE, SHE (WENT TO X-RAY TECH) GRANTED MY MEDICAL CHIEF AND REVEALED IT AND TOLD THIS GRIEVANT THAT M.P. MOLENHAEVER NEVER ORDERED FOR PRESCRIPTION ANYMORE RELAXERS AND THAT SHE WOULD CONTACT HIM (M.P. MOLENHAEVER) AND TOLD HIM THE PAIN MEDICATION AND MUSCLE RELAXER ISSUES AND ADDRESS MY BROKEN Y-RAY FINGER, BUT I WAS NOT CONTACT HIM NOW BUT WOULD KEEP TRYING TO CONTACT HIM.

ON AUGUST 30, 2017, THIS GRIEVANT RECEIVED A 30 DAY OF 2.5mg 600mg 3x A DAY WITH NO REFILLS FOR GRIEVANT'S NECK INJURY TO REFILL THE MOLOL PAIN MEDS (GENERAL).

ON AUGUST 30, 2017, THE MU-CELL HOUSE STAFF DID NOT ALLOW THIS GRIEVANT TO GO TO LEGAL COUNSEL, DISPOSE THIS GRIEVANT'S X-RAY COURT DEPARTMENT CAUSING GRIEVANT TO MISS COURT DEPARTMENTS.

ON AUGUST 31, 2017, THIS GRIEVANT NOW PUT IN A SICK CALL REQUEST IN MU-CELL HOUSE BOX PER, I WENT FOR LAST MONTH BEING REQUESTING A A.R.S. FOR MY NECK INJURY AND FOR MUSCLE RELAXERS TO NO AVAIL, AND BROKEN FINGER TO NO AVAIL AND RIGHT HAND TO NO AVAIL.

ON AUGUST 31, 2017, DURING A MU-6 GALLERY LINE MOVEMENT TO LUNCH (LUNCH HALL (MU-6)) WHEN THIS GRIEVANT EXITING THE GALLERY BY CELL MU-654 ON THE PLAS SO FOLLOW, SO YANKEE, SO GARD ALL HAVE SEXUAL HARASSMENT TO THIS GRIEVANT, AND THREATENED THIS GRIEVANT WITH EXCESSIVE FORCE, BY THREATENING TO PUSH GRIEVANT DOWN THE STAIRS, HARASSING, THREATS, OFFENSES AND BATTERY, WHERE THE ABOVE ISSUES ALSO OCCURRED UPON THIS GRIEVANT RETURN TO THE MU-6 GALLERY (MU-6) FROM THE CHAN HALL (WALK) UPON THIS GRIEVANT LEAVING UP AND ALL OTHER INMATES ON MU-6 GALLERY LOOKING UP SO GROSS CAME TO THIS GRIEVANT CELL MU-6 AND STARTED MAKING SEXUAL GESTURES TO THE GRIEVANT CALLING GRIEVANT A FAG AND OTHER (NOTE: SEX HARASSMENT IS UNLAWFUL ON ABOVE PLAS ISSUES, INJURY, ETC.).

ON SEPTEMBER 01, 2017, THIS GRIEVANT WAS PLACED ON UNAUTHORIZED DETENTION FOR NO REASON AT ALL OTHER THAN BELOW DESCRIBED. THIS GRIEVANT WAS LATER CUFFED UP BEHIND THE BACK (DO TO GRIEVANT BEING A NON-CONVICT PRISONER) AND TAKEN TO THE MU-CELL HOUSE RECEPTION (IN HOUSE) TO SEE A LINE OF HOUSE (HOUSE: SHIRT, GLASSES, MOUTH, LONG BLACK HAIR) AT ABOUT 8:30 AM.

THIS GRIEVANT STAY IN MU-CELL HOUSE RECEPTION UNTIL TO SEE LINE OF HOUSE UNTIL ABOUT 9:00 AM, WHERE SO GROSS WOULD NOT LET GRIEVANT SEE THE LINE OF HOUSE AS SOON AS THIS GRIEVANT SAT DOWN TO EAT WITH MOLOL SO GROSS TALKED OUT THE HOUSE AND TOLD THIS GRIEVANT TO GO BACK TO GRIEVANT'S CELL (MU-6) FOR NO REASON AT ALL, WHERE UPON EXITING THE MU-CELL HOUSE RECEPTION CASE OUT TO THE MU-6 GALLERY PLAS TO RETURN TO GRIEVANT'S CELL MU-654 SO GROSS, SO YANKEE, ALSO OTHER UNIDENTIFIED PRISONERS ASSAULTED, ABUSED THIS GRIEVANT AND THE WALL TELLING THIS GRIEVANT THAT GRIEVANT WILL NOT GET ANY MEDICAL CARE AT THE BREAST FILE GRIEVANT'S CELL MU-654 AND THAT THIS GRIEVANT WAS ON PAINKILLER FOR PAINING PAINING GRIEVANT'S AND LIP SUITS AGAINST THEM AND OTHER STAFF, WHERE THIS GRIEVANT WAS RETURNED TO GRIEVANT'S CELL MU-654 AND STAYED DOWN UNTIL 10:00 PM, WHERE STAFF THEN ABUSED THIS GRIEVANT'S HOUSE RECEPTION, THIS GRIEVANT WAS TO BE SEEN BY HOUSE ABOVE AS A RESULT OF GRIEVANT'S SICK CALL REQUEST DATED AUGUST 31, 2017, TO NO AVAIL AS ABOVE DESCRIBED. FURTHERMORE, DO TO ALLEGED DETENTION HOUSE "IS" REFUSED TO ALLOW THIS GRIEVANT TO GO TO CHAN HALL (MU-6) WITH THE REST OF MU-6 GALLERY.

ON SEPTEMBER 02, 2017, LATER THAT DAY AT ABOUT 10 AM THIS GRIEVANT WAS TAKEN OFF OF DETENTION (ALLEGED PRISONER) AND TAKEN ON A CALL PRESS TO GRIEVANT'S RECEPTION RECEPTION TO SEE A DOCTOR SHAH ABOUT GRIEVANT'S BROKEN FINGER, WHERE DOCTOR SHAH TOLD THIS GRIEVANT THAT HIS FINGER WAS NOT BROKEN AND HE (DR. SHAH) WOULD NOT DO ANYTHING FOR GRIEVANT (NOTE: X-RAYS SHOW FINGER WAS IN FACT BROKEN). THIS GRIEVANT ASKED FOR MUSCLE RELAXERS FOR GRIEVANT'S NECK INJURY, AND FOR M.P. MOLENHAEVER, AND OF ISSUES WITH GRIEVANT'S RIGHT HAND, WHERE DR. SHAH TOLD THIS GRIEVANT THAT HE DOCTOR SHAH WAS NOT SEEING THIS GRIEVANT FOR GRIEVANT'S NECK OR RIGHT HAND ISSUES AND WOULD NOT DO ANYTHING AT ALL FOR THIS GRIEVANT. DR. SHAH DID NOTHING AT ALL FOR GRIEVANT'S INJURIES AT ALL.

ALL ABOVE ISSUES/ALLEGATIONS ARE TO BE ADDRESSED AND RESPONDED TO, ANY FAILURE TO RESPOND TO ANY SINGLE ISSUE WILL BE CONSIDERED AN ADMISSION TO THAT ISSUE, AND STILL CONTINUES TO THIS DATE OF SIGNATURE (END)

## RELIEF REQUESTED:

- 1) THAT GRIEVANT RECEIVE MEDICAL CARE FOR BROKEN FINGER, NECK INJURY, RIGHT HAND INJURY (I.E. M.P. AND MUSCLE RELAXERS FOR NECK, CARE FOR BROKEN FINGER AND RIGHT HAND INJURY TO FIX THE ISSUES)
- 2) THAT A FULL ALBION INVESTIGATION ON ABOVE ISSUES BE CONDUCTED.
- 3) THAT ALL ABOVE ISSUES BE RESPONDED TO INDIVIDUALLY AND APPROPRIATE

THIS GRIEVANCE IS IN PREPARATION FOR LITIGATION,

WHERE THIS GRIEVANT CAN IN FACT PROVE ALL ABOVE ALLEGATIONS

MUL  
EX#60  
4-7  
MUL  
107

Bruce Rauner  
Governor



John Baldwin  
Acting Director

#137-9-17#1

**The Illinois Department of Corrections**

Menard Correctional Center  
711 Kaskaskia Street • Menard, IL 62259 • (618) 826-5071 TDD: (800) 526-0844

**MEMORANDUM**

DATE: September 13, 2017

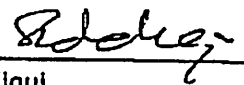
TO: Bentz, David  
S03210

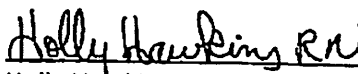
FROM: Dr. Siddiqui, Facility Medical Director  
Holly Hawkins, RN, Director of Nursing

SUBJECT: Grievance dated 9/2/17

MAILED TO  
P.R.B. ON  
11/22/17

Dr. Siddiqui, the facility Medical Director and I have reviewed your grievance and medical record and offer the following: On 9/2/17 you wrote a grievance regarding your finger. This has already been addressed. You saw Dr. Shah on 9/2/17. You have had an x-ray and you are scheduled for a follow-up appointment this week. If you have any further problems, please follow procedure and put in for nurse sick call so they can be addressed.

  
\_\_\_\_\_  
Dr. Siddiqui,  
Facility Medical Director

  
\_\_\_\_\_  
Holly Hawkins, RN  
Director of Nursing

cc: File

Mission: To serve justice in Illinois and increase public safety by promoting positive change in offender behavior, operating successful reentry programs, and reducing victimization.

[www.Illinois.gov/ldoc](http://www.Illinois.gov/ldoc)

5-7

B-A

MLL  
EX 50  
5-7

RECEIVED  
SEP 28 2017

MLL  
108

SEATTLE PD ON 08/23/01/ 10:00 AM 11/12  
SENT TO CHAIRMAN: AUGUST 08/23/2017 10:00 AM  
SENT TO WARDEN LASHBROOK BY MAIL ON 05/11/2017

ILLINOIS DEPARTMENT OF CORRECTIONS  
COMMITTED PERSON'S GRIEVANCE  
TO SILENTLY OFFER BY BOX IN ON 07/11/17  
PINK, PINK, PINK, RETENTION, ETC.

Date: 08/11/2017  
Committed Person: DAVID BENTZ  
ID#: 5-03210

Present Facility: MENARD  
Facility where grievance issue occurred: MENARD  
NU-6-12

NATURE OF GRIEVANCE: 137-9-17#2  
☐ Personal Property  
☐ Mail Handling  
☐ Restoration of Good Time  
☐ Disability  
☐ Staff Conduct  
☐ Dietary  
☐ Medical Treatment  
☐ Other (specify: CRUEL AND USUAL PUNISHMENT, STATE LAW AND STATE AND FEDERAL CONSTITUTIONAL RIGHTS, AND OTHER MEDICAL RELATED ISSUES AND RETENTION)  
☐ Transfer Denied by Facility  
☐ Transfer Denied by Transfer Coordinator  
☐ Disciplinary Report: 1/1  
 Date of Report: \_\_\_\_\_  
 Facility where issued: \_\_\_\_\_

Note: Protective Custody Denials may be grieved immediately via the local administration on the protective custody status notification.

Complete: Attach a copy of any pertinent document (such as a Disciplinary Report, Shakedown Record, etc.) and send to:  
 Counselor, unless the issue involves discipline, is deemed an emergency, or is subject to direct review by the Administrative Review Board.  
 Grievance Officer, only if the issue involves discipline at the present facility or issue not resolved by Counselor.  
 Chief Administrative Officer, only if EMERGENCY grievance.  
 Administrative Review Board, only if the issue involves transfer denial by the Transfer Coordinator, protective custody, involuntary administration of psychotropic drugs, issues from another facility except personal property issues, or issues not resolved by the Chief Administrative Officer.  
EMERGENCY GRIEVANCE TO WARDEN LASHBROOK.

Brief Summary of Grievance: THIS GRIEVANCE IS BEING BROUGHT AGAINST JOHN AND JANE DOE PRISON RESIDENTS OF THE ILLINOIS DEPARTMENT OF CORRECTIONS (IDOC) ADMINISTRATIVE, SUPERVISORY, SECURITY, AND MEDICAL PERSONNEL (TO INCLUDE THOSE CONTRACTED FOR OR BY IDOC, AND WETLAND HEALTH SERVICES AND STAFFS WHO, IN THEIR PROFESSIONAL, INDIVIDUAL OR OFFICIAL CAPACITIES DO FORMULATE, AUTHORIZE, TRAIN, COLLUDE, ACQUIESCE, OR OTHERWISE PERMIT THIS GRIEVANT TO BE DEPRIVED OF MEDICAL CARE, ACCESS, PAIN MEDICATION, AND OTHER FOR A EXTENDED PERIOD OF TIME, AND/OR FOR NO REASON AT ALL. THIS GRIEVANCE IS BEING SUBMITTED IN COMPLAINT OF AND PERSPECTIVE FOR LITIGATION, ALLEGING DELIBERATE MISFEASANCE, CRUEL AND USUAL PUNISHMENT, DENIAL OF PRESCRIBED PAIN MEDICATION, DENIAL OF MEDICAL CARE, ALLEGING VIOLATIONS OF STATE LAW, AND STATE AND FEDERAL CONSTITUTIONAL RIGHTS.

THIS GRIEVANCE ARISES FROM THE PRISON RESIDENTS' DENYING THIS GRIEVANT OF MEDICAL CARE FOR A INJURY TO LEFT HAND SPECIFICALLY 4TH RING FINGER ON LEFT HAND WHICH IS OBVIOUSLY BROKEN BY 45'S OUT OF PLACE, AND DENIAL OF PAIN MEDICATION, AND DENIAL OF DOCTOR ORDERS.

ON JULY 29, 2017, I WAS RETURNING FROM EVENING YARD UPON CLOSING MY CELL DOOR NU-6-12 MY LEFT HAND SOMEHOW GOT CAUGHT IN THE DOOR AND BROKE MY LEFT HAND 4TH FINGER (RING FINGER) WHERE MY FINGER BENT 45° IN A MERE INSTANT IT IS NOT TO BE MOVED.

ON JULY 30, 2017, I PLACED VITAMIN NU-CELL HOUSE A SICK CALL SLIP (HAND WRITTEN) REQUESTING MEDICAL CARE FOR MY BROKEN FINGER.

ON AUGUST 01, 2017, NU-CELL HOUSE WENT ON LEVEL ONE LOCKDOWN, UNTIL AUGUST 07, 2017.

ON AUGUST 01, 2017, I WAS SEEN IN CELL HOUSE PER ABOVE SICK CALL SLIP BY NU-CELL HOUSE JANE DOE NURSE, SHE TOLD ME MY FINGER LOOKED BROKEN, BUT TOLD ME SHE CAN NOT SEND ME TO HEALTH CARE BECAUSE MENARD/WATERFORD WILL NOT LET HER BECAUSE THEY DO NOT CONSIDER MY BROKEN FINGER A SERIOUS ENOUGH ISSUE THEN SHE WENT TO DO AN X-RAY AND I WOULD HAVE TO WAIT UNTIL I BECAME OFF OF LOCKDOWN AS LOCKDOWN WAS THE REASON SHE COULD NOT SEND ME TO SEE A DOCTOR PER POLICIES. SHE GAVE ME A TONGUE COMPRESSOR AND TOLD ME TO KEEP MY FINGER STRIPPED (MAKE SHUT SOUND). I WAS ALREADY PRESCRIBED I.B.U.'S FOR A PREVIOUS NECK INJURY, BUT

☒ Check only if this is an EMERGENCY grievance due to a substantial risk of imminent personal injury or other serious or irreparable harm to self.

Committed Person's Signature: [Signature] ID#: 5-03210 Date: 08/11/2017

(Continue on reverse side if necessary)

Counselor's Response (If applicable) SEP 28 2017

Date Received: 9.6.17  
☐ Send directly to Grievance Officer  
☐ Outside jurisdiction of this facility. Send to Administrative Review Board, P.O. Box 19277, Springfield, IL 62794-9277

Response: Previously Addressed

K Allsup  
 Print Counselor's Name  
 Counselor's Signature: [Signature]  
 Date of Response: 9.15.17

EMERGENCY REVIEW RECEIVED

Date Received: 1/1/17  
 Is this determined to be of an emergency nature?  
☐ Yes; expedite emergency grievance  
☒ No; an emergency is not substantiated. Committed person should submit this grievance in the normal manner.

[Signature]  
 Chief Administrative Officer's Signature  
 Date: 8.18.17

#137-9-17#2  
 MAILED TO  
 A.R.S. ON  
 11/02/17

6-7

B-A

MUL  
EX-60MUL  
100

ON AUGUST 03, 2017, LATER THAT SAME DAY CRUSH SHOOK DOWN NU-6 GALLERY, WHERE THEY TOOK ME (INMATES) TO THE CHAPEL CLIPPED BEHIND MY BACK. I ASKED CRUSH OFFICER BELIEVED TO BE HOLDER (HELMET #63) IF HE COULD FRONT CUFF ME BECAUSE OF MY BROKEN FINGER AND BEING FORCED TO SIT WITH HANDS BEHIND BACK CAUSING CHRONIC PAIN TO MY FINGER AND BACK. WHEN I SHOWED CRUSH OFFICER (HOLDER #63) MY SPRAINED FINGER HE TOOK MY SPRAINT AND WOULD NOT FRONT CUFF ME. I THEN ASKED TO SEE THE NURSE WHERE HE TOLD ME TO SHUT THE FLOCK UP AND WALKED OFF.

UPON RETURNING TO MY CELL TWO (2) HOURS LATER, I FOUND OUT CRUSH TOOK MY PRESCRIBED I.B.U. AND EXTRA TAPE AND TONG COMPRESSOR GIVEN TO ME BY NURSE EARLYER THAT DAY, LEAVING ME WITH NO PAIN MEDICATION, NO SUPPORT FOR FINGER (WAKE SHIFT SPINT) OR ANY WAY TO RE-FILL PRESCRIBED I.B.U. FOR NECK INJURY.

AFTER CRUSH SHOOK DOWN ON AUGUST 03, 2017, I SAW THE EXTRA MEDICAL TAPE AND TONG COMPRESSOR THAT THE NURSE GAVE ME EARLYER THAT DAY ON THE GALLERY FLOOR, I STOPPED % MULHOLAND SHOWED HIM MY BROKEN FINGER AND ASKED TO GRAB THE MAKE SHIFT SPINT OFF THE GALLERY FLOOR FOR ME, AND TO TAKE ME TO MORTUARY SO I COULD GET PAIN MEDICATION BECAUSE CRUSH TOOK IT ALL, % MULHOLAND ACKNOWLEDGED MY FINGER LOOKED BROKEN AND THEN TOLD ME HE DOES NOT HAVE TIME AND I WOULD JUST HAVE TO SUFFER. THEN HE WALKED OFF AND REFUSED TO DO ANYTHING AT ALL.

ON AUGUST 03, 2017, THE NUC-CELL HOUSE WAS STILL ON LEVEL ONE LOCKDOWN, WHERE % MULHOLAND WAS PASSING OUT LUNCH TRAYS, UPON GIVING ME A TRAY I AGAIN REQUESTED MEDICAL CARE, WHERE I WAS THREATENED BY % MULHOLAND OF FURTHER/NURSE RETALIATION (% BOGAS DISCIPLINARY ACTION) IF I KEPT ASKING FOR MEDICAL CARE, AND THAT I WOULD NOT BE RECEIVING MEDICAL CARE BECAUSE I LIKE TO SUE CORRECTIONAL OFFICERS. % MULHOLAND NEVER GOT ME MEDICAL CARE AND DID NOT TRY TO GET ME MEDICAL CARE AT ALL.

ON AUGUST 03, 2017, I PLACED WITHIN NU-6 GALLERY'S INSTITUTIONAL MAIL ADDRESSED TO MORTUARY ANOTHER MEDICAL REQUEST SLIP HAND WRITTEN REGARDING BROKEN FINGER AND CRUSH TAKING PAIN MEDS FOR NECK AND MAKE SHIFT SPINT FOR FINGER ALONG WITH RE-ASPIRATED NECK INJURY DO TO CRUSH, AND ME NOT BEING ABLE TO GET I.B.U. RE-FILL BECAUSE CRUSH TOOK WHAT I NEED TO TURN IN TO GET RE-FILL.

ON AUGUST 04, 2017, RE-REQUEST SLIP OF AUGUST 03, 2017, I WAS SEEN BY A JANE DOE CELL HOUSE NURSE, IN HOUSE NUC-CELL HOUSE ON THE 7am-3pm SHIFT, WHERE SHE PUT ME IN FOR MY I.B.U. RE-FILL, AND IN FOR MY NECK, AND FOR MY BROKEN FINGER. SHE ALSO GAVE ME A 3-DAY SUPPLY OF I.B.U.'S TO HOLD ME OVER, AND TOLD ME IT WOULD BE AWHILE BEFORE I WOULD BE SEEN BY A DOCTOR OR GET X-RAYS BECAUSE THE TWO (2) DOCTORS ARE NEVER HERE (AT MORTUARY).

BETWEEN JULY 27, 2017, THE DAY MY FINGER GOT BROKEN THROUGHOUT THIS PRESENT DATE OF AUGUST 11, 2017, I HAVE CONTINUALLY REQUESTED MEDICAL CARE FOR ALL ABOVE ISSUES, BY REQUESTING OF CELL HOUSE STAFF, OFFICERS, NURSES, SET'S, LIT'S, CORRECTOR BUSH AND OTHER JOHN AND JANE DOE'S, ETC., ALL TO NO AVAIL.

AS OF AUGUST 11, 2017, IT HAS BEEN 14 DAYS WITHOUT ANY MEDICAL CARE, OR PAIN MEDICATION FOR A BROKEN FINGER OR OTHER MEDICAL NEEDS LISTED ABOVE. (END)

### RELIEF REQUESTED:

(1) FINGER TO BE SET AND SPINTED AFTER X-RAYS;

(2) TO RECEIVE PAIN MEDICATION, AS WAS PRESCRIBED MY RE-FILL;

(3) HANDLES BE PLACED ON INSIDE OF CELL DOORS TO PREVENT FUTURE INCIDENTS, OR STAFF TO OPEN AND CLOSE CELL DOORS TO PREVENT FUTURE INCIDENTS INSTEAD OF PUTTING

GRIEVANT/INMATE IN POSITION TO USE CELL DOOR WITH NO HANDLES MAKING A SAFETY HAZARD FOR ME AND OTHER INMATES;

(4) TO STOP DENYING ME AND INMATES ACCESS TO HEALTH CARE (% DOCTORS) AND OTHER MEDICAL NEEDS WHEN ON LOCKDOWN.

THIS GRIEVANCE IS IN PREPARATION FOR LITIGATION

H 137-91742  
MAILED TO  
A.R.B. ON  
11/02/17

MUL  
EX # 59  
7-7  
MUL  
110



Bruce Rauner  
Governor



John Baldwin  
Acting Director

The Illinois Department of Corrections

G-#136-9-17

1301 Concordia Court, P.O. Box 19277 • Springfield, IL 62794-9277 • (217) 558-2200 TDD: (800) 526-0844

November 16, 2017

David Bentz  
Register No. S03210  
Menard Correctional Center

Dear Mr. Bentz:

This is in response to your grievance received on November 13, 2017, regarding Medical (Tx Broken Finger 7/29/17), which was alleged to have occurred at Menard Correctional Center. This office has determined the issue will be addressed without a formal hearing.

This office has reviewed the August 11, 2017 grievance, written by Offender Bentz, regarding the alleged lack of treatment for his broken finger. In summary, Bentz writes that on July 29, 2017 he somehow got his finger caught in the door, injuring his left hand 4<sup>th</sup> finger (ring finger). While a sick call slip was submitted, Bentz infers that due to a lockdown (8/1/17-8/7/17), adequate medical care was not provided. Bentz writes he was simply seen by a HCU Nurse August 2, 2017 for evaluation. Later that day (8/2/17) while being escorted by a Tact Team Officer, Bentz writes he requested to be front cuffed, instead of behind and was told no and to "shut the fuck up". Upon returning to his cell, Bentz claims his tongue compressor, medical tape and pain meds had been taken. Bentz writes he asked C/O Mulholand to take him back to the HCU and was refused. On August 3, 2017, Bentz claims C/O Mulholand threatened him for again asking to be taken to the HCU. In closing Bentz writes it's been 14-days without proper medical treatment for is broken finger. NOT TRUE WAS IN CHARGE

The Grievance Officer's Report (136-9-17) and subsequent recommendation dated October 16, 2017 and approval by the Chief Administrative Officer on October 19, 2017 have been reviewed.

Based on a total review of all available information, it is the opinion of this office that the issue was appropriately addressed by the institutional administration. It is, therefore, recommended the grievance be denied. This office cannot substantiate claims against an unknown Tact Officer or C/O Mulholand. How an offender is cuffed, is an administrative decision and depends on whether or not a Doctor has ordered a medical permit for front cuffing. Claims of property taken also cannot be substantiated. Facility response reflects Bentz received medical treatment.

FOR THE BOARD:

*Sherry Benton*

Sherry Benton  
Administrative Review Board  
Office of Inmate Issues

CONCURRED:

*John R. Baldwin*

John R. Baldwin  
Acting Director

cc: Warden, Menard Correctional Center  
David Bentz, Register No. S03210



ILLINOIS DEPARTMENT OF CORRECTIONS  
RESPONSE TO OFFENDER'S GRIEVANCE

NH-6-12

## Grievance Officer's Report

Date Received: September 28, 2017 Date of Review: October 16, 2017 Grievance # (optional): 136-9-17

Offender: Bentz, David

ID#: S03210

Nature of Grievance: Medical Treatment

Facts Reviewed: All information submitted to the Grievance Officer by the offender or institutional staff pertaining to this issue(s) being grieved has been thoroughly reviewed. Offender submitted a grievance dated 8/11/2017 and grieves on 7/29/2017 upon closing his cell door his left hand somehow got caught in the door and broke his 4th finger. He states that he was denied pain medication and medical care due to a lockdown.

Relief requested: Finger to be set and splinted after x-rays; to receive pain medication as prescribed and re-filled; handles be placed on inside of cell doors to prevent future incidents or staff to open and close cell doors to prevent future incidents instead of putting grievant/inmates in position to use cell door with no handles making a safety hazard for me and other inmates; to stop denying me and inmates access to healthcare (i.e. doctors) and other medical needs when on lockdown.

Counselor responded on 9/9/2017 - See attached HCU Response: Dr. Siddiqui, the Facility Medical Director and RN Hawkins have reviewed your grievance and offer the following: On 8/11/17 you wrote a grievance requesting medical attention for your left fourth finger. On 8/2/17 you were seen on Nurse Sick Call for this and referred to the doctor. On 8/16/17 you were scheduled to see the doctor but were a "no show". You saw a nurse 8/18/17 and was again referred to the doctor. You saw the doctor 8/24/17 and had an x-ray ordered. Pain medication was also ordered. Inmates still have access to healthcare while on lockdown. If you have any further problems, please follow procedure and put in for sic, call so they can be addressed.

Grievance Office reviewed on 10/10/2017 - In addition, the Health Care Unit advised that the offender saw Dr. Shah on 9/2/2017 and had an x-ray. He was given pain medicine on 8/29/2017. This inmate has had his finger splinted. It was re-x-rayed also on 9/13/2017. It is a non-displaced fracture. He was seen in nurse sick call on 9/13/2017 requesting stronger pain medicine for neck pain and finger pain. Referred to MD. 9/20/2017 seen by NP examined neck and hand. Pain medication reordered and referred to Medical Director. Saw Dr. Siddiqui on 10/2/2017 for chronic neck pain and H/O left ring finger fracture. Medication prescribed. If further problems please put in for nurse sick call so they may be addressed.

Contacted Personal Property and was advised that the offender attended legal exchange in Personal Property on 8/16/2017 instead of attending his scheduled HCU pass to see the Nurse Practitioner. If the offender has medical concerns he is advised to attend his scheduled medical appointments.

Cell doors are in compliance with Safety Standards.

Offenders are not denied health care on during lockdowns.

Recommendation: Based upon a total review of all available information, it is the recommendation of this Grievance Officer that the inmate's grievance be MOOT. The offender is receiving medical treatment.

Kelly Pierce - Menard Correctional Center  
Print Grievance Officer's Name

*Kelly Pierce*  
Grievance Officer's Signature

(Attach a copy of Offender's Grievance, including counselor's response if applicable)

## Chief Administrative Officer's Response

Date Received: October 19, 2017

☒ I concur☐ I do not concur☐ Remand

Comments:

*[Signature]*  
Chief Administrative Officer's Signature

10/19/17  
Date

## Offender's Appeal To The Director

I am appealing the Chief Administrative Officer's decision to the Director. I understand this appeal must be submitted within 30 days after the date of the Chief Administrative Officer's decision to the Administrative Review Board, P.O. Box 19277, Springfield, IL 62794-9277. (Attach a complete copy of the original grievance, including the counselor's response, if applicable, and any pertinent documents.)

*[Signature]*  
Offender's Signature

S-03210  
ID#

11/02/17  
Date

TO SPECIAL OFFICER BY FAX ON 07/11/17  
SENT TO COUNSELOR ON 08/11/2017 COMMITTED PERSON'S GRIEVANCE

NU-6-12

Date: <u>08/11/2017</u>	Committed Person: (Please Print) <u>DAVID BENTZ</u>	ID#: <u>5-03210</u>
Present Facility:	Facility where grievance Issue occurred: <u>136-9-17</u>	
<b>NATURE OF GRIEVANCE:</b> <input type="checkbox"/> Personal Property <input type="checkbox"/> Mail Handling <input type="checkbox"/> Restoration of Good Time <input type="checkbox"/> Staff Conduct <input type="checkbox"/> Dietary <input type="checkbox"/> Medical Treatment <input type="checkbox"/> Transfer Denial by Facility <input type="checkbox"/> Transfer Denial by Transfer Coordinator <input type="checkbox"/> Disciplinary Report: _____ Date of Report _____ Facility where issued _____		
Note: Protective Custody Denials may be grieved immediately via the local administration on the protective custody status notification.		
<b>Complete:</b> Attach a copy of any pertinent document (such as a Disciplinary Report, Shakedown Record, etc.) and send to: Counselor, unless the issue involves discipline, is deemed an emergency, or is subject to direct review by the Administrative Review Board. Grievance Officer, only if the issue involves discipline at the present facility or issue not resolved by Counselor. Chief Administrative Officer, only if EMERGENCY grievance. Administrative Review Board, only if the issue involves transfer denial by the Transfer Coordinator, protective custody, involuntary administration of psychotropic drugs, issues from another facility except personal property issues, or issues not resolved by the Chief Administrative Officer.		
<b>Brief Summary of Grievance:</b> <u>THIS GRIEVANCE IS BEING BROUGHT AGAINST JOHN AND JANE DOE PRISON REPRESENTATIVES OF THE ILLINOIS DEPARTMENT OF CORRECTIONS (IDOC) ADMINISTRATIVE SUPERVISORS, SECURITY, AND OTHER PERSONNEL (TO INCLUDE THOSE CONTRACTED FOR OR BY IDOC, AND WISCONSIN HEALTH SERVICES AND OTHERS) WHO, IN THEIR PROFESSIONAL, INDIVIDUAL OR OFFICIAL CAPACITIES DO PROMULGATE, AUTHORIZE, TOLERATE, COLLECT, ACQUIESCE, OR OTHERWISE DIRECT THIS GRIEVANT TO BE DEPRIVED OF MEDICAL CARE ACCESS, PAIN MEDICATION, AND OTHER FOR A EXTENDED PERIOD OF TIME, AVOID FOR IN REVIEW AT ALL. THIS GRIEVANCE IS BEING SUBMITTED IN CONTINUATION OF AND PREPARATION FOR LITIGATION ALLEGING DELIBERATE UNLAWFUL, CRUEL AND USUAL PUNISHMENT, DENIAL OF PRESCRIBED PAIN MEDICATION, DENIAL OF MEDICAL CARE, ALLEGING VIOLATIONS OF STATE LAW, AND STATE AND FEDERAL CONSTITUTIONAL RIGHTS.</u> <u>THIS GRIEVANCE ARISES FROM THE PRISON REPRESENTATIVES' DENYING THIS GRIEVANT OF MEDICAL CARE FOR A INJURY TO LEFT HAND, SPECIFICALLY 4TH FINGER ON LEFT HAND WHICH IS OBVIOUSLY BROKEN BY 45° IS OUT OF PLACE, AND DENIAL OF PAIN MEDICATION, AND DENIAL OF DOCTOR CARE.</u> <u>ON JULY 29, 2017, I WAS RETURNING FROM EVENING VISITATION CLOSING MY CELL DOOR NU-6-12 MY LEFT HAND SOMEHOW GOT CAUGHT IN THE DOOR AND BROKE MY LEFT HAND 4TH FINGER (RING FINGER) WHERE MY FINGER BENT 45° IN A DIRECTION IT IS NOT TO BEND.</u> <u>ON JULY 30, 2017, I PLACED WITHIN M-CELL HOUSE A SICK CALL SLIP (HAND WRITTEN) REQUESTING MEDICAL CARE FOR MY BROKEN FINGER.</u> <u>ON AUGUST 01, 2017, M-CELL HOUSE WENT ON LEVEL ONE LOCKDOWN, UNTIL AUGUST 07, 2017.</u> <u>ON AUGUST 02, 2017, I WAS SEEN IN CELL HOUSE FOR ABOVE SICK CALL SLIP BY M-CELL HOUSE JANE DOE NURSE, SHE TOLD ME MY FINGER LOOKED BROKEN, BUT TOLD ME SHE CAN NOT SEND ME TO HOSPITAL BECAUSE MENARD/LA FORD WILL NOT LET HER BECAUSE THEY DO NOT CONSIDER MY BROKEN FINGER A SERIOUS ENOUGH ISSUE/MEDICAL NEED TO GO TO A HOSPITAL. SHE TOLD ME TO WAIT UNTIL WE COME OUT OF LOCKDOWN AT LOCKDOWN WAS THE PROBLEM SHE COULD NOT SEND ME TO SEE A DOCTOR PER POLICIES. SHE GAVE ME A TUNG COMPRESSOR AND TOLD ME TO KEEP MY FINGER STRAIT (MAKE SURE SHIRT STRAIT). I WAS ALREADY PRESCRIBED PAIN MED FOR A PREVIOUS WEEK IN JULY, BUT</u>		
<input type="checkbox"/> Check only if this is an EMERGENCY grievance due to a substantial risk of imminent personal injury or other serious or irreparable harm to self.		
Committed Person's Signature <u>[Signature]</u>		ID# <u>5-03210</u> Date <u>08/11/2017</u>
(Continue on reverse side if necessary)		

RECEIVED

Counselor's Response (if applicable)		SEP 28 2017
Date Received: <u>8/23/17</u>	<input type="checkbox"/> Send directly to Grievance Officer	<input type="checkbox"/> Outside jurisdiction of this facility. Send to Administrative Review Board, P.O. Box 19277, Springfield, IL 62794-9277
Response: <u>See Attached HCLL Response</u> <u>KALLSOP</u> <u>KALLSOP</u> <u>9/9/17</u> (Print Counselor's Name) (Counselor's Signature) (Date of Response)		

EMERGENCY REVIEW	
Date Received: <u>1/1</u>	Is this determined to be of an emergency nature?
	<input type="checkbox"/> Yes; expedite emergency grievance <input type="checkbox"/> No; an emergency is not substantiated. Committed person should submit this grievance in the normal manner.
Chief Administrative Officer's Signature _____	Date _____

ON AUGUST 12, 2017, LATER THAT SAME DAY CRASH CRUSH SHOOK DOWN MY 6-CELL HALL, WHILE THEY TOOK ME (INMATE) TO THE CHARGE CUFFED BEHIND MY BACK. I ASKED CRASH OFFICER BELIEVED TO BE HUNTER (PHILIP #62) IF HE COULD POINT OFF ME IN CASE OF MY BROKEN FINGER HAVING BEEN POKED TO ME WITH HANDS BEHIND BACK CHASING CHARGE PAIN TO MY FINGER AND BACK. LATER I SHOWED CRASH OFFICER (HUNTER #62) MY SPURTED FINGER HE TOOK MY SPURT AND WELLS. WITHOUT CLPF ME, I THEN ASKED TO SEE THE NURSE WHERE HE TOLD ME TO GET THE ROCK UP AND WALKED OFF.

WHEN RETURNING TO MY CELL THAT (2) DAYS LATER, I FOUND MY CRASH TOOK MY PRESCRIBED PAIN AND EXTRA PAIN, ALTHOUGH GUARDIAN GIVEN TO ME BY NURSE FINGER THAT DAY, LEAVING ME WITH NO PAIN MEDICATION, NO SUPPORT FOR FINGER (PAIN SPURT SPURT) OR ANY WAY TO RE-FILL PRESCRIPTION (I.D.U.) FOR NECK INJURY.

AFTER CRASH SHOOK DOWN MY AUGUST 22, 2017, I SAW THE EXTRA INJURY THAT WAS TO GO (CONVICTION) THAT THE NURSE GAVE ME LATER THAT DAY ON THE CHARGE FLOOR, I STAYED SO, MULHOLLAND SHOWED MY BROKEN FINGER AND ASKED TO GRAB THE NURSE THAT SPURT OFF OF THE CHARGE FLOOR FOR ME, AND TO TAKE ME TO MEDICATION SO I COULD GET PAIN MEDICATION BECAUSE CRASH TOOK IT ALL. SO, MULHOLLAND ACKNOWLEDGED MY FINGER LOOKED BROKEN AND THEN TOLD ME HE DOES NOT HAVE TIME AND I WOULD NOT HAVE TO SUFFER. THEN HE WALKED OFF AND REFUSED TO DO ANYTHING AT ALL.

ON AUGUST 23, 2017, THE 6-CELL HOUSE WAS STILL ON LEVEL ONE LOCKDOWN, WHERE SO, MULHOLLAND WAS PASSING OUT LUNCH TRAYS. UPON GIVING ME A TRAY I AGAIN REQUESTED MEDICAL CARE WHERE I WAS THREATENED BY SO, MULHOLLAND OF FURTHER/FUTURE RETALIATION (HE BEARS DISCIPLINARY ACTION) IF I KEPT ASKING FOR MEDICAL CARE, AND THAT I WOULD NOT BE RECEIVING MEDICAL CARE BECAUSE I LIKE TO SUE CRASH OFFICER #62, SO, MULHOLLAND WALKED OFF. HE MENTIONED CARE AND NO WAY TO GET ME MEDICAL CARE AT ALL.

ON AUGUST 23, 2017, I POKED WITHIN MY 6-CELL HALLS INSITUATION MULL AND ASKED TO GET MEDICAL CARE AND OTHER MEDICAL REQUEST DID HAND WRITTEN REGARDING BROKEN FINGER AND CRASH TAKING PAIN AIDS FOR NECK AND MAKES HIM SPURT FOR FINGER HAVING WITH RE-ASPIRATED NECK INJURY DO TO CRASH, AND MENTIONS ABLE TO GET I.D.U.'S RE-FILLED BECAUSE CRASH TOOK WHAT I NEEDED TO GET IN TO GET RE-FILL.

ON AUGUST 26, 2017, UPON REQUEST SLIP OF AUGUST 23, 2017, I WAS SEEN BY A NURSE IN CELL HOUSE NURSE, IN HOURS 6-CELL HOUSE ON THE 7AM-3PM SHIFT, WHERE SHE PUT ME IN FOR MY I.D.U. RE-FILL, AND IN FOR MY NECK, AND FOR MY BROKEN FINGER. SHE ALSO GAVE ME A 7-DAY SUPPLY OF I.D.U.'S TO HOLD ME OVER, AND TOLD ME IT WOULD BE A WHILE BEFORE I WOULD BE SEEN BY A DOCTOR OR GET X-RAYS BECAUSE THE TWO (2) DOCTORS ARE NEVER IN (AT MEDICAL).

BETWEEN JULY 29, 2017 THE DAY MY FINGER GOT BROKEN THROUGHOUT THIS PERIOD DATE OF AUGUST 11, 2017, I HAVE CONTINUOUSLY REQUESTED MEDICAL CARE FOR ALL INJURIES, BY PERSONS OF CELL HOUSE STAFF, OFFICERS, NURSES, SET'S, LPS, GUARDIAN, ALSO AND OTHER NAME AND NAME DOES NOT ALL TO NO AVAIL.

AS OF AUGUST 11, 2017, IT HAS BEEN 14 DAYS WITHOUT ADEQUATE AND/OR ANY CARE, OR PAIN MEDICATION FOR A BROKEN FINGER OR OTHER MEDICAL NEEDS LISTED ABOVE. (END)

### RELIEF REQUESTED:

- ① FINGER TO BE SET AND SPURTED AFTER X-RAYS;
- ② TO RECEIVE PAIN MEDICATION, AS WAS PRESCRIBED, MY RE-FILL;
- ③ HANDS BE PLACED ON INSIDE OF CELL DOORS TO PREVENT FUTURE INCIDENTS, OR STAFF OPEN AND CLOSE CELL DOORS TO PREVENT FUTURE INCIDENTS INSTEAD OF PUTTING GRIEVANT/INMATES IN POSITION TO USE CELL DOOR WITH UNASSISTED MAKING A SAFETY HAZARD FOR ME AND OTHER INMATES;
- ④ TO STOP PREVENTING ME AND INMATES ACCESS TO MEDICATION (I.D.U.'S) AND OTHER MEDICAL NEEDS WHEN ON LOCKDOWN.

THIS GRIEVANCE IS IN PREPARATION FOR LITIGATION

#136-9-17  
MAILED TO  
A.R.B.  
ON 11/02/17

116  
EX # 60  
45  
116  
114

Bruce Rauner  
Governor



John Baldwin  
Acting Director

#136-9-17

The Illinois Department of Corrections

Menard Correctional Center  
711 Kaskaskia Street • Menard, IL 62259 • (618) 826-5071 TDD: (800) 526-0844

**MEMORANDUM**

MINILED TO  
A.P.B.  
ON  
11/22/17

DATE: August 28, 2017

TO: S03210 Bentz, David

FROM: Dr. Siddiqui, Facility Medical Director  
Holly Hawkins, RN, Nursing Supervisor

SUBJECT: Grievance dated 08/11/2017

Dr. Siddiqui, the Facility Medical Director, and I have reviewed your grievance and offer the following: On 8/11/17 you wrote a grievance requesting medical attention for your left fourth finger. On 8/2/17 you were seen on Nurse Sick Call for this and referred to the doctor. On 8/16/17 you were scheduled to see the doctor but were a "no show". You saw a nurse 8/18/17 and was again referred to the doctor. You saw the doctor 8/24/17 and had an x-ray ordered. Pain medication was also ordered. Inmates still have access to healthcare while on lockdown.

If you have any further problems, please follow procedure and put in for sick call so they can be addressed.

*H. Siddiqui*

Dr. Siddiqui  
Facility Medical Director

*Holly Hawkins RN*

Holly Hawkins, RN  
Nursing Supervisor

cc: File

Mission: To serve justice in Illinois and increase public safety by promoting positive change in offender behavior, operating successful reentry programs, and reducing victimization.

[www.illinois.gov/idoc](http://www.illinois.gov/idoc)

MUL  
EX# 60  
CS

RECEIVED  
SEP 28 2017  
MUL  
115

B

State of Illinois - Department of Corrections  
Counseling Summary

NU  
U-12

IDOC # S03210

Counseling Date 11/22/17 13:56:59:563

Offender Name BENTZ, DAVID R.

Type Collateral

Current Admit Date 12/10/2009

Method Other

MSR Date

Location MEN NORTH UPPER CELLHOUSE

HSE/GAL/CELL NU-06-12

Staff ALLSUP, KRISTA L., Correctional Counselor II

Grievance # 8-11-17, deemed not an emergency, regarding retaliation received by Clinical Services  
Counselor on 11/22/17.

MVL  
EX#62  
1-1

MVL  
116



ILLINOIS DEPARTMENT OF CORRECTIONS  
Shakedown Record/Confiscated Contraband

*CRUSH SHAKEDOWN*  
*SHANDERSON 8217*  
*VINMA (?)*  
*VANDOLLA*

Exhibit No. \_\_\_\_\_  
CLIC No. \_\_\_\_\_

Date: 11-20-17 Time: 800 ☐ a.m. ☐ p.m. Bldg. Area: 1A2215  
Living Area: NRA 10-1A Occupied: ☒ Yes ☐ No  
Violator: HUTTE No. 82230  
Violator: ISCHITZ No. 82240  
Was any contraband found? ☐ Yes ☒ No  
Item(s) (Description and circumstances of discovery):  
[Signature]  
[Signature]  
[Signature]  
[Signature]  
[Signature]  
[Signature]  
[Signature]  
[Signature]  
Witness: \_\_\_\_\_  
Disciplinary Report written: ☐ Yes ☒ No Incident Report written: ☐ Yes ☒ No  
Employee Signature: [Signature] Date: 11/20/17 Time: 900 ☐ a.m. ☐ p.m.  
Bridge No. \_\_\_\_\_ Date \_\_\_\_\_ Time \_\_\_\_\_

Shift Supervisor: \_\_\_\_\_ Date Received: \_\_\_\_\_ Time: \_\_\_\_\_ ☐ a.m. ☐ p.m.  
☐ Major Contraband ☐ Minor Contraband: \_\_\_\_\_ Signature \_\_\_\_\_  
Disposition: \_\_\_\_\_  
Date: \_\_\_\_\_ Time: \_\_\_\_\_ ☐ a.m. ☐ p.m. Initials: \_\_\_\_\_  
Receiving Custodian: Date Received: \_\_\_\_\_ Time: \_\_\_\_\_ ☐ a.m. ☐ p.m.  
☐ Major Contraband ☐ Minor Contraband: \_\_\_\_\_ Custodian Signature \_\_\_\_\_  
Chain-of-Custody after the Custodian has received the item:  
From: \_\_\_\_\_ To: \_\_\_\_\_  
Date Received: \_\_\_\_\_ Time: \_\_\_\_\_ ☐ a.m. ☐ p.m.  
From: \_\_\_\_\_ To: \_\_\_\_\_  
Date Received: \_\_\_\_\_ Time: \_\_\_\_\_ ☐ a.m. ☐ p.m.  
From: \_\_\_\_\_ To: \_\_\_\_\_  
Date Received: \_\_\_\_\_ Time: \_\_\_\_\_ ☐ a.m. ☐ p.m.  
From: \_\_\_\_\_ To: \_\_\_\_\_  
Date Received: \_\_\_\_\_ Time: \_\_\_\_\_ ☐ a.m. ☐ p.m.  
Final Disposition: \_\_\_\_\_  
Date: \_\_\_\_\_ Custodian's Initials: \_\_\_\_\_

Distribution: With Item (Tag); Supervisor; Employee; Disciplinary Report; Violator

DOC0300 (Eff. 4/2008)  
(Replaces DC 252)

*MUL*  
*EX #63*  
*1-1*

ILLINOIS DEPARTMENT OF CORRECTIONS  
RESPONSE TO OFFENDER'S GRIEVANCE

## Grievance Officer's Report

Date Received: November 16, 2017 Date of Review: December 19, 2017 Grievance # (optional): 137-9-17

Offender: Bentz, David ID#: S03210

Nature of Grievance: Medical Treatment/Staff Conduct

\*\*\*REVISED\*\*\*

Facts Reviewed: All information submitted to the Grievance Officer by the offender or institutional staff pertaining to this issue(s) being grieved has been thoroughly reviewed. Offender submitted (2) grievances dated 8/11/2017 and 9/2/2017. The offender grieves denial of medical care for a broken finger due to closing his cell door. In addition he states that he has requested an MRI for neck pain for the last month and has not received it.

Relief requested: Receive medical care for broken finger, neck injury, right hand injury (i.e. MRI and muscle relaxers for neck); investigate above issues; all issues responded to individually and addressed.

Counselor responded on 9/9/2017 - See attached HCU Response: Dr. Siddiqui, the Facility Medical Director and RN Hawkins have reviewed your grievance and offer the following: On 8/11/17 you wrote a grievance requesting medical attention for your left fourth finger. On 8/2/17 you were seen on Nurse Sick Call for this and referred to the doctor. On 8/16/17 you were scheduled to see the doctor but were a "no show". You saw a nurse 8/18/17 and was again referred to the doctor. You saw the doctor 8/24/17 and had an x-ray ordered. Pain medication was also ordered. Inmates still have access to healthcare while on lockdown. If you have any further problems, please follow procedure and put in for sic, call so they can be addressed.

Grievance Office reviewed on 10/10/2017 - In addition, the Health Care Unit advised that the offender saw Dr. Shah on 9/2/2017 and had an x-ray. He was given pain medicine on 8/29/2017. This inmate has had his finger splinted. It was re-xrayed also on 9/13/2017. It is a non-displaced fracture. He was seen in nurse sick call on 9/13/2017 requesting stronger pain medicine for neck pain and finger pain. Referred to MD. 9/20/2017 seen by NP examined neck and hand. Pain medication reordered and referred to Medical Director. Saw Dr. Siddiqui on 10/2/2017 for chronic neck pain and H/O left ring finger fracture. Medication prescribed. If further problems please put in for nurse sick call so they may be addressed.

\*\*\* REVISION \*\*\*

The grievance was remanded back to Menard Grievance office to amend the report by reviewing additional claims set forth by offender Bentz. On August 31, 2017, Bentz claims he was sexually harassed by staff (who called him a fag) and was threatened to be pushed down the stairs. These named staff are: C/O Furlow, C/O Yankey, C/O Gross and Sgt. McClure (Sgt. Maciura). While attempting to see the Nurse on September 2, 2017, Bentz claims C/O Gross turned the lights off on him and told him to return to his cell; thus denying him access to medical treatment. Upon returning to the cell (9/2/17), Bentz claims C/O Gross and C/O Yankey assaulted him by pushing him into the wall; telling him he will never get any medical treatment due to all the grievances he files.

Continued on page 2...

Recommendation: Based upon a total review of all available information, it is the recommendation of this Grievance Officer that the inmate's grievance be MOOT. The offender is receiving medical treatment. Unable to substantiate allegations of staff misconduct.

Kelly Pierce - Menard Correctional Center

Print Grievance Officer's Name

(Attach a copy of Offender's Grievance, including counselor's response if applicable)

Grievance Officer's Signature

## Chief Administrative Officer's Response

Date Received: December 21, 2017 ☒ I concur ☐ I do not concur ☐ Remand

Comments: Administrative Review Board

Chief Administrative Officer's Signature

Date

## Offender's Appeal To The Director

I am appealing the Chief Administrative Officer's decision to the Director. I understand this appeal must be submitted within 30 days after the date of the Chief Administrative Officer's decision to the Administrative Review Board, P.O. Box 19277, Springfield, IL 62794-9277. (Attach a complete copy of the original grievance, including the counselor's response, if applicable, and any pertinent documents.)

Offender's Signature

ID#

Date

ILLINOIS DEPARTMENT OF CORRECTIONS  
RESPONSE TO OFFENDER'S GRIEVANCE (Continued)

Continued...

Contacted Internal Affairs Supervisor to address allegations of sexual harassment by staff who called him a fag and was advised that offender BENTZ was interviewed this morning and during the interview BENTZ advised he does not want to make a PREA claim. BENTZ stated he no longer has any issues in the North Uppers. BENTZ stated the harassment did happen and it was just a form of harassment/Staff misconduct he felt he needed to document. BENTZ stated he is fine where he is at and does not want to be moved out of the North Uppers. BENTZ stated he would like a cell change/cellmate change and would prefer to be placed into a cell with offender GURLEY Y21744 who is currently housed in North Upper 6-17

Contacted C/O Yankey, C/O Gross, C/O Furlow and Sgt. Maciura and they deny all allegations of sexual harassment or staff misconduct.

11/3/18

EX #69 406/119

Bruce Rauner  
Governor



John Baldwin  
Acting Director

#137-9-17

The Illinois Department of Corrections

1301 Concordia Court, P.O. Box 19277 • Springfield, IL 62794-9277 • (217) 558-2200 TDD: (800) 526-0844

November 16, 2017

David Bentz  
Register No. S03210  
Menard Correctional Center

Dear Mr. Bentz:

This is in response to your grievance received on November 13, 2017, regarding Medical (Tx Broken Finger/Neck), which was alleged to have occurred at Menard Correctional Center. This office has determined the issue will be addressed without a formal hearing.

Offender Bentz submitted a grievance dated September 2, 2017 regarding the alleged lack of overall medical care for his broken finger and neck pain. Bentz claims overall threats and harassment by numerous HCU Staff. As written, these claims are not substantiated. On August 28, 2017, Bentz claims threats by C/O Yankey, Sgt. Case and C/O Furlow. No further specifics are provided for this claim. As written, this claim is unsubstantiated. On August 29, 2017, Bentz again claims harassment and threats by C/O Furlow, C/O Yankey and two unidentified Officers. As written, this claim is unsubstantiated. On August 30, 2017, Bentz claims he was not allowed to attend a legal exchange, despite having a court deadline. Bentz provides no date of the deadline, nor does he provide a verified court-ordered deadline. As such, this claim is unsubstantiated. On August 31, 2017, Bentz claims he was sexually harassed by staff (who called him a fag) and was threatened to be pushed down the stairs. These named staff are: C/O Furlow, C/O Yankey, C/O Gross and Sgt. McClure. The issue of being placed on deadlock has no merit and won't be addressed. While attempting to see the Nurse on September 2, 2017, Bentz claims C/O Gross turned the lights off on him and told him to return to his cell; thus denying him access to medical treatment. Upon returning to the cell (9/2/17), Bentz claims C/O Gross and C/O Yankey assaulted him by pushing him into the wall; telling him he will never get any medical treatment due to all the grievances he files. Due to a deadlock of August 31, 2017, Bentz writes he was denied movement to chow. This claim has no merit and will not be addressed. On September 2, 2017, Bentz writes he saw Dr. Shah and takes issue with treatment (or lack thereof) provided. It is noted that type of treatment provided, including that of prescribed medications, are at the discretion of the treating Physician.

The Grievance Officer's Report (137-9-17) and subsequent recommendation dated October 16, 2017 and approval by the Chief Administrative Officer on October 19, 2017 have been reviewed.

Based on a total review of all available information, it is the opinion of this office that the grievance be remanded back to Menard's Grievance Office to amend this report to include a review of the claims set forth by Bentz against Staff. Once completed, a copy of the amended report is to be provided to this office and Offender Bentz. Once received, this office will finalize this review.

FOR THE BOARD:

*Sherry Benton*  
Sherry Benton  
Administrative Review Board  
Office of Inmate Issues

I concur. Menard's Grievance Office is to proceed as directed above.

*John R. Baldwin*  
John R. Baldwin  
Acting Director

cc: Warden, Menard Correctional Center  
Grievance Office, Menard Correctional Center  
David Bentz, Register No. S03210  
Tickler File, ARB/Inmate Issues

Mission: To serve justice in Illinois and increase public safety by promoting positive change in offender behavior, operating successful reentry programs, and reducing victimization.

www.illinois.gov: idoc

MUL  
FY # 67  
120

This copy for  
memo to  
MAB for  
A.P.S. on  
11/24/2017  
for  
officer.

ILLINOIS DEPARTMENT OF CORRECTIONS  
RESPONSE TO OFFENDER'S GRIEVANCE

104-6-12

Grievance Officer's Report		
Date Received: September 23, 2017	Date of Review: October 16, 2017	Grievance # (optional): 137-9-17
Offender: Beaz, David	ID#: 503210	
Nature of Grievance: Medical Treatment		
<p><b>Facts Reviewed:</b> All information submitted to the Grievance Officer by the offender or institutional staff pertaining to this issue(s) being grieved has been thoroughly reviewed. Offender submitted (2) grievances dated 8/11/2017 and 9/2/2017. The offender grieves denial of medical care for a broken finger due to closing his cell door. In addition he states that he has requested an MRI for neck pain for the last month and has not received it.</p> <p><b>Relief requested:</b> Receive medical care for broken finger, neck injury, right hand injury (i.e. MRI and muscle relaxers for neck); investigate above issues; all issues responded to individually and addressed.</p> <p><b>Counselor responded on 9/9/2017</b> - See attached HCU Response: Dr. Siddiqui, the Facility Medical Director and RN Hawkins have reviewed your grievance and offer the following: On 8/11/17 you wrote a grievance requesting medical attention for your left fourth finger. On 8/2/17 you were seen on Nurse Sick Call for this and referred to the doctor. On 8/16/17 you were scheduled to see the doctor but were a "no show". You saw a nurse 8/18/17 and was again referred to the doctor. You saw the doctor 8/24/17 and had an x-ray ordered. Pain medication was also ordered. Inmates still have access to healthcare while on lockdown. If you have any further problems, please follow procedure and put in for sic, call so they can be addressed.</p> <p><b>Grievance Officer reviewed on 10/10/2017</b> - In addition, the Health Care Unit advised that the offender saw Dr. Shah on 9/2/2017 and had an x-ray. He was given pain medicine on 8/29/2017. This inmate has had his finger splinted. It was re-x-rayed also on 9/13/2017. It is a non-displaced fracture. He was seen in nurse sick call on 9/13/2017 requesting stronger pain medicine for neck pain and finger pain. Referred to MD. 9/20/2017 seen by NP examined neck and hand. Pain medication reordered and referred to Medical Director. Saw Dr. Siddiqui on 10/2/2017 for chronic neck pain and H/O left ring finger fracture. Medication prescribed. If further problems please put in for nurse sick call so they may be addressed.</p>		
<p><b>Recommendation:</b> Based upon a total review of all available information, it is the recommendation of this Grievance Officer that the inmate's grievance be MOOT. The offender is receiving medical treatment.</p>		
Kelly Pierce - Menard Correctional Center Print Grievance Officer's Name		<i>Kelly Pierce</i> Grievance Officer's Signature
(Attach a copy of Offender's Grievance, including counselor's response if applicable)		

Chief Administrative Officer's Response	
Date Received: October 19, 2017	<input checked="" type="checkbox"/> I concur <input type="checkbox"/> I do not concur <input type="checkbox"/> Remand
Comments:	
<p><i>[Signature]</i> Chief Administrative Officer's Signature</p> <p>11/19/17 Date</p>	

Offender's Appeal To The Director	
<p>I am appealing the Chief Administrative Officer's decision to the Director. I understand this appeal must be submitted within 30 days after the date of the Chief Administrative Officer's decision to the Administrative Review Board, P.O. Box 192777, Springfield, IL 62794-9277. (Attach a complete copy of the original grievance, including the counselor's response, if applicable, and any pertinent documents.)</p>	
<p><i>[Signature]</i> Offender's Signature</p>	<p>5-03210 ID</p> <p>11/22/17 Date</p>

RECEIVED

NOV 13 2017

ADMINISTRATIVE  
REVIEW BOARD

Distributor: Master File, Offender

B-A

Page 1  
Printed on Recycled Paper

DOC 0047 (Rev. 3/2003)

MUL  
FY # 67 MUL  
121  
4-6

4-6



MAIL  
TO MRS.  
ON 11/26/17

#1379-1721

Counselor's Response (if applicable) SEP 28 2007

Ward: 9.5.17 ☐ Send directly to Grievance Officer ☐ Outside Jurisdiction of this facility. Send to Administrative Review Board, P.O. Box 19277, Springfield, IL 62794-6277

Comment: See Attached  
HCU Response

K. Allsup K. Allsup 9.15.17  
By: Counselor's Name Counselor's Signature Date of Response

RECEIVED

NOV 13 2017

ADMINISTRATIVE  
REVIEW BOARD

EMERGENCY REVIEW	
1 elived: _____ / _____ / _____	Is this determined to be of an emergency nature? <div style="display: inline-block; vertical-align: top; margin-left: 10px;"> <input type="checkbox"/> Yes; expedite emergency grievance  <input type="checkbox"/> No; an emergency is not substantiated.              Offender should submit this grievance              in the normal manner.           </div>
_____ Chief Administrative Officer's Signature	_____ / _____ / _____ Date

**Subject: Master File: Offender**

Page 1

EOC 0046 (8-2012)

B-A

5

MUL MUL  
EX#67 122  
5-6

ILLINOIS DEPARTMENT OF CORRECTIONS  
OFFENDER'S GRIEVANCE (Continued)[illegible]

RELIEF REQUESTED:

- 1) THAT GRILBERT RECEIVE A LETTER CASE FOR BROWN / FURBER, WEN WARY, FIGHTING AND WARY (2) ALL P.A. AND WILEY ELEMENTS FOR BSK, CASE FOR BROWN FURBER AND FIGHT AND WARY TO PUT THE ISSUE
- 2) THAT A FULL AND A WILSONSON OF BROWN 1914 OF AT COMPLETED
- 3) THAT ALL ABOVE ISSUES BE RESOLVED TO INDIVIDUAL AND ADAPTED

THIS GRIEVANCE IS IN PREPERATION FOR LITIGATION,  
WHERE THIS GRIEVANT CAN IN FACT PROVE ALL ABOVE ALLEGATIONS

36 A-1

CCC 0048 (6/201)

MUL MUL  
EV# 64 123  
1-6

HAND  
COPY  
BY NINE  
112 TO LO  
NUGLE

HEALTH CARE,

12/01/2017

ORANGE CRUSH SHOOK DOWN ON NOVEMBER 30, 2017, AND  
TOOK MY PRESCRIBED PAIN MEDICATION AND PRESCRIBED  
MUSCLE RELAXERS, I NEED RE-FILLS.

I ALSO HAVE PAIN TO LEFT RING FINGER STILL, AND  
CHRONIC PAIN TO NECK, SWELLING, HEADACH, AND OTHER DO TO  
ORANGE CRUSH RE-AGGRAVATING MY NECK INJURY

15/12/17

~~DR~~ BENTZ #5-0321D

NV-612

12/01/2017

ADMINISTRATIVE REVIEW BOARD

01/03/2018

I DO WISH TO MAKE ENCLOSED GRIEVANCE #137-9-17  
A PERMA. CLAIM.



DAVID BENTZ #5-03210

MUL  
125

MUL  
EX #66  
1-7

ILLINOIS DEPARTMENT OF CORRECTIONS  
RESPONSE TO OFFENDER'S GRIEVANCE

## Grievance Officer's Report

Date Received: November 16, 2017 Date of Review: December 19, 2017 Grievance # (optional): 137-9-17

Offender: Bentz, David ID#: S03210

Nature of Grievance: Medical Treatment/Staff Conduct

\*\*\*REVISED\*\*\*

Facts Reviewed: All information submitted to the Grievance Officer by the offender or institutional staff pertaining to this issue(s) being grieved has been thoroughly reviewed. Offender submitted (2) grievances dated 8/11/2017 and 9/2/2017. The offender grieves denial of medical care for a broken finger due to closing his cell door. In addition he states that he has requested an MRI for neck pain for the last month and has not received it.

Relief requested: Receive medical care for broken finger, neck injury, right hand injury (i.e. MRI and muscle relaxers for neck); investigate above issues; all issues responded to individually and addressed.

Counselor responded on 9/9/2017 - See attached HCU Response: Dr. Siddiqui, the Facility Medical Director and RN Hawkins have reviewed your grievance and offer the following: On 8/11/17 you wrote a grievance requesting medical attention for your left fourth finger. On 8/2/17 you were seen on Nurse Sick Call for this and referred to the doctor. On 8/16/17 you were scheduled to see the doctor but were a "no show". You saw a nurse 8/18/17 and was again referred to the doctor. You saw the doctor 8/24/17 and had an x-ray ordered. Pain medication was also ordered. Inmates still have access to healthcare while on lockdown. If you have any further problems, please follow procedure and put in for sic, call so they can be addressed.

Grievance Office reviewed on 10/10/2017 - In addition, the Health Care Unit advised that the offender saw Dr. Shah on 9/2/2017 and had an x-ray. He was given pain medicine on 8/29/2017. This inmate has had his finger splinted. It was re-xrayed also on 9/13/2017. It is a non-displaced fracture. He was seen in nurse sick call on 9/13/2017 requesting stronger pain medicine for neck pain and finger pain. Referred to MD. 9/20/2017 seen by NP examined neck and hand. Pain medication reordered and referred to Medical Director. Saw Dr. Siddiqui on 10/2/2017 for chronic neck pain and H/O left ring finger fracture. Medication prescribed. If further problems please put in for nurse sick call so they may be addressed.

\*\*\* REVISION \*\*\*

The grievance was remanded back to Menard Grievance office to amend the report by reviewing additional claims set forth by offender Bentz. On August 31, 2017, Bentz claims he was sexually harassed by staff (who called him a fag) and was threatened to be pushed down the stairs. These named staff are: C/O Furlow, C/O Yankey, C/O Gross and Sgt. McClure (Sgt. Maciura). While attempting to see the Nurse on September 2, 2017, Bentz claims C/O Gross turned the lights off on him and told him to return to his cell; thus denying him access to medical treatment. Upon returning to the cell (9/2/17), Bentz claims C/O Gross and C/O Yankey assaulted him by pushing him into the wall; telling him he will never get any medical treatment due to all the grievances he files.

Continued on page 2...

Recommendation: Based upon a total review of all available information, it is the recommendation of this Grievance Officer that the inmate's grievance be MOOT. The offender is receiving medical treatment. Unable to substantiate allegations of staff misconduct.

Kelly Pierce - Menard Correctional Center

Print Grievance Officer's Name

(Attach a copy of Offender's Grievance, including counselor's response if applicable)

Grievance Officer's Signature

## Chief Administrative Officer's Response

Date Received: December 21, 2017 ☒ I concur ☐ I do not concur ☐ Remand

Comments: Administrative Review Board

Chief Administrative Officer's Signature

12/21/17  
Date

## Offender's Appeal To The Director

I am appealing the Chief Administrative Officer's decision to the Director. I understand this appeal must be submitted within 30 days after the date of the Chief Administrative Officer's decision to the Administrative Review Board, P.O. Box 19277, Springfield, IL 62794-9277. (Attach a complete copy of the original grievance, including the counselor's response, if applicable, and any pertinent documents.)

Offender's Signature

ID#

Date



ILLINOIS DEPARTMENT OF CORRECTIONS  
RESPONSE TO OFFENDER'S GRIEVANCE (Continued)

Continued.

Contacted Internal Affairs Supervisor to address allegations of sexual harassment by staff who called him a fag and was advised that offender BENTZ was interviewed this morning and during the interview BENTZ advised he does not want to make a PREA claim. BENTZ stated he no longer has any issues in the North Uppers. BENTZ stated the harassment did happen and it was just a form of harassment/Staff misconduct he felt he needed to document. BENTZ stated he is fine where he is at and does not want to be moved out of the North Uppers. BENTZ stated he would like a cell change/cellmate change and would prefer to be placed into a cell with offender GURLEY Y21744 who is currently housed in North Upper 6-17

Contacted C/O Yankey, C/O Gross, C/O Furlow and Sgt. Meekura and they deny all allegations of sexual harassment or staff misconduct.

SGT. MCCLUNE

Bruce Rauner  
Governor



John Baldwin  
Acting Director

#137-9-17

The Illinois Department of Corrections

1301 Concordia Court, P.O. Box 19277 • Springfield, IL 62794-9277 • (217) 558-2200 TDD: (800) 526-0844

November 16, 2017

David Bentz  
Register No. S03210  
Menard Correctional Center

Dear Mr. Bentz:

This is in response to your grievance received on November 13, 2017, regarding Medical (Tx Broken Finger/Neck), which was alleged to have occurred at Menard Correctional Center. This office has determined the issue will be addressed without a formal hearing.

Offender Bentz submitted a grievance dated September 2, 2017 regarding the alleged lack of overall medical care for his broken finger and neck pain. Bentz claims overall threats and harassment by numerous HCU Staff. As written, these claims are not substantiated. On August 28, 2017, Bentz claims threats by C/O Yankey, Sgt. Case and C/O Furlow. No further specifics are provided for this claim. As written, this claim is unsubstantiated. On August 29, 2017, Bentz again claims harassment and threats by C/O Furlow, C/O Yankey and two unidentified Officers. As written, this claim is unsubstantiated. On August 30, 2017, Bentz claims he was not allowed to attend a legal exchange, despite having a court deadline. Bentz provides no date of the deadline, nor does he provide a verified court-ordered deadline. As such, this claim is unsubstantiated. On August 31, 2017, Bentz claims he was sexually harassed by staff (who called him a fag) and was threatened to be pushed down the stairs. These named staff are: C/O Furlow, C/O Yankey, C/O Gross and Sgt. McClure. The issue of being placed on deadlock has no merit and won't be addressed. While attempting to see the Nurse on September 2, 2017, Bentz claims C/O Gross turned the lights off on him and told him to return to his cell; thus denying him access to medical treatment. Upon returning to the cell (9/2/17), Bentz claims C/O Gross and C/O Yankey assaulted him by pushing him into the wall, telling him he will never get any medical treatment due to all the grievances he files. Due to a deadlock of August 31, 2017, Bentz writes he was denied movement to chow. This claim has no merit and will not be addressed. On September 2, 2017, Bentz writes he saw Dr. Shah and takes issue with treatment (or lack thereof) provided. It is noted that type of treatment provided, including that of prescribed medications, are at the discretion of the treating Physician.

The Grievance Officer's Report (137-9-17) and subsequent recommendation dated October 16, 2017 and approval by the Chief Administrative Officer on October 19, 2017 have been reviewed.

Based on a total review of all available information, it is the opinion of this office that the grievance be remanded back to Menard's Grievance Office to amend this report to include a review of the claims set forth by Bentz against Staff. Once completed, a copy of the amended report is to be provided to this office and Offender Bentz. Once received, this office will finalize this review.

FOR THE BOARD:

*Sherry Benton*  
Sherry Benton  
Administrative Review Board  
Office of Inmate Issues

I concur. Menard's Grievance Office is to proceed as directed above.

*John R. Baldwin*  
John R. Baldwin  
Acting Director

cc: Warden, Menard Correctional Center  
Grievance Office, Menard Correctional Center  
David Bentz, Register No. S03210  
Tickler File, ARB/Inmate Issues

Mission: To serve justice in Illinois and increase public safety by promoting positive change in offender behavior, operating successful reentry programs, and reducing victimization

www.illinois.gov/idoc

MUL  
EX# 65  
4-7  
MUL  
128

*This copy for  
re-narrative  
MAY 11/2017  
A.L.S. 9/11/2017  
open.*

ILLINOIS DEPARTMENT OF CORRECTIONS  
RESPONSE TO OFFENDER'S GRIEVANCE

04-6-12

## Grievance Officer's Report

Date Received: September 23, 2017 Date of Review: October 16, 2017 Grievance # (optional): 137-9-17  
Offender: Beitz, David ID#: S03210

Nature of Grievance: Medical Treatment

**Facts Reviewed:** All information submitted to the Grievance Officer by the offender or institutional staff pertaining to this issue(s) being grieved has been thoroughly reviewed. Offender submitted (2) grievances dated 8/11/2017 and 9/2/2017. The offender grieved denial of medical care for a broken finger due to closing his cell door. In addition he states that he has requested an MRI for neck pain for the last month and has not received it. Relief requested: Receive medical care for broken finger, neck injury, right hand injury (i.e. MRJ and muscle relaxers for neck); investigate above issues; all issues responded to individually and addressed.

**Counselor responded on 9/9/2017** - See attached HCU Response: Dr. Siddiqui, the Facility Medical Director and RN Hawkins have reviewed your grievance and offer the following: On 8/11/17 you wrote a grievance requesting medical attention for your left fourth finger. On 8/21/17 you were seen on Nurse Sick Call for this and referred to the doctor. On 8/16/17 you were scheduled to see the doctor but were a "no show". You saw a nurse 8/18/17 and was again referred to the doctor. You saw the doctor 8/24/17 and had an x-ray ordered. Pain medication was also ordered. Inmate still have access to healthcare while on lockdown. If you have any further problems, please follow procedure and put in for vic, call so they can be addressed.

**Grievance Officer reviewed on 10/10/2017** - In addition, the Health Care Unit advised that the offender saw Dr. Shah on 9/2/2017 and had an x-ray. He was given pain medicine on 9/29/2017. This inmate has had his finger splinted. It was re-x-rayed also on 9/13/2017. It is a non-displaced fracture. He was seen in nurse sick call on 9/13/2017 requesting stronger pain medicine for neck pain and finger pain. Referred to MD. 9/20/2017 seen by NP examined neck and hand. Pain medication reordered and referred to Medical Director. Saw Dr. Siddiqui on 10/2/2017 for chronic neck pain and H/O left ring finger fracture. Medication prescribed. If further problems please put in for nurse sick call so they may be addressed.

**Recommendation:** Based upon a total review of all available information, it is the recommendation of this Grievance Officer that the inmate's grievance be MOOT. The offender is receiving medical treatment.

Kelly Pierce - Menard Correctional Center  
Print Grievance Officer's Name

*Kelly Pierce*  
Grievance Officer's Signature

(Attach a copy of Offender's Grievance, including counselor's response if applicable)

## Chief Administrative Officer's Response

Date Received: October 19, 2017 ☒ I concur ☐ I do not concur ☐ Remand

Comments:

*[Signature]*  
Date: 10/19/17

## Offender's Appeal To The Director

I am appealing the Chief Administrative Officer's decision to the Director. I understand this appeal must be submitted within 30 days after the date of the Chief Administrative Officer's decision to the Administrative Review Board, P.O. Box 19277, Springfield, IL 62794-9277. (Attach a complete copy of the original grievance, including the counselor's response, if applicable, and any pertinent documents.)

*[Signature]*  
Offender's Signature

5-03210  
ID

11/02/17  
Date

RECEIVED

NOV 13 2017

ADMINISTRATIVE  
REVIEW BOARD

Distribution: Master File; Offender

B-A

Page 1

Printed on Recycled Paper

DOC 0047 (Rev. 3/2005)


MUL  
EYF65  
5-7

MUL  
128

2001/07/26  
2001/07/26  
2001/07/26

41379-17-21

RECEIVED  
NOV 13 2017  
ADMINISTRATIVE  
VIEW BOARD

24 

5!

$$\frac{MVL}{EX \# 6.8} \quad \frac{MVL}{130}$$





Bruce Rauner  
Governor



John Baldwin  
Acting Director

The Illinois Department of Corrections

1301 Concordia Court, P.O. Box 19277 • Springfield, IL 62794-9277 • (217) 558-2200 TDD: (800) 526-0844

Offender Name: Bentz, David

Date: Jan. 25, 2018

Register # SO3210

Facility: Mt. Merced

This is in response to your grievance received on 1/19/18. This office has determined the issue will be addressed without a formal hearing. A review of the Grievance, Grievance Officer/CAO response to the grievance has been conducted. For a grievance that is direct review by the ARB, a review of the Grievance has been conducted.

- Your issue regarding: Grievance dated: 10/10/17 Grievance Number: 8-11-17 Griev Loc: MTM
- ☐ Transfer denied by the Facility  
☐ Commissary  
☐ Dietary  
☐ Trust Fund  
☐ Personal Property  
☐ Conditions (cell conditions, cleaning supplies)  
☐ Mailroom/Publications  
☐ Disciplinary Report dated \_\_\_\_\_  
☐ Incident # \_\_\_\_\_  
☐ Assignment (job, cell) \_\_\_\_\_  
☒ Other Medical (withhold staff privileges) 9/15/17

Based on a review of all available information, this office has determined your grievance to be:

- ☐ Affirmed, Warden \_\_\_\_\_ is advised to provide a written response of corrective action to this office by \_\_\_\_\_  
☐ Denied, in accordance with DR504F, this is an administrative decision.  
☒ Denied, this office finds the issue was appropriately addressed by the facility Administration.  
☐ Denied as procedures were followed in accordance with DR 420 for removal/denial of an offender from/for an assignment.  
☐ Denied in accordance with AD05.03.103A (Monetary Compensation for Inmate Assignments)  
☐ Denied as this office finds no violation of the offender's due process in accordance with DR504.80 and DR504.30. This office is reasonably satisfied the offender committed the offense cited in the report.

Other: When interviewed with DH Bentz declined to file PRET CAM. We noted RRI denied.

FOR THE BOARD: S. Benton

Sherry Benton  
Administrative Review Board

CONCURRED: John R. Baldwin

John R. Baldwin  
Acting Director

CC: Warden, Bentz, David Correctional Center SO3210  
Register No. SO3210

Mission: To serve justice in Illinois and increase public safety by promoting positive change in offender behavior, operating successful reentry programs, and reducing victimization.

www.illinois.gov/doc

MLL 166  
EX# 60 132  
1-1

OERCP101

ILLINOIS DEPARTMENT OF CORRECTIONS  
Offender 360  
PRINTED SCHED. CALL PASS

PAGE: 369  
RUN DATE: 1/25/2018  
RUN TIME: 10:19:16 AM

ILLINOIS DEPARTMENT OF CORRECTIONS - OTS

OFFENDER CALL PASS ISSUED

IDOC: S03210 BENTZ, DAVID R  
PRIMARY: UNASSIGNED , PARTICIPANT-MEN710030009

Maximum A Moderate MEN: MEN: SU: 08:46:11

DESTINATION: SU

DAY: 1/26/2018  
AT: 7:30:00 AM

PASS TYPE: NURSE PRACTITIONER

COMMENTS: NP MOLDENHAUER / DONE IN CELLHOUSE / MUST HONOR

AUTHORIZED: Kristen Schmidt

CELL HOUSE SIGNATURE: \_\_\_\_\_

DESTINATION SIGNATURE: \_\_\_\_\_

EXIT SIGNATURE: \_\_\_\_\_

RETURN SIGNATURE: \_\_\_\_\_

TIME: \_\_\_\_\_  
TIME: \_\_\_\_\_  
TIME: \_\_\_\_\_  
TIME: \_\_\_\_\_

SEEN "C" CLINIC

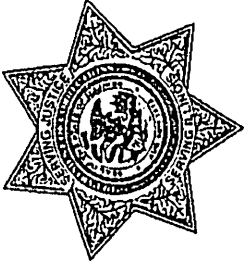
- 1) TOLD ABOUT THYROID
- 2) LEFT RING FINGER ISSUES
- 3) LEFT INDEX FINGER ISSUES
- 4) RIGHT HAND ISSUES
- 5) NECK ISSUES
- 6) VISION ISSUES CAUSED BY NECK ISSUES

REFUSED TO DO ANYTHING WAS TOLD TO SUE HIM IF I WANTED CARE.

WEIGHT 120

MUL  
EY # 68  
133  
1-1

Bruce Rauner  
Governor



John Baldwin  
Acting Director

# The Illinois Department of Corrections

1301 Concordia Court, P.O. Box 19277 • Springfield, IL 62794-9277 • (217) 558-2200 TDD: (800) 526-0844

Offender Name: Bentz, David

Date: Feb. 22, 2018

Register # 503210

Facility: Menard

This is in response to your grievance received on 2/20/18. This office has determined the issue will be addressed without a formal hearing. A review of the Grievance, Grievance Officer/CAO response to the grievance has been conducted. For a grievance that is direct review by the ARB, a review of the Grievance has been conducted.

Your issue regarding: Grievance dated: 12/8/17 Grievance Number: 229-12-17 Griev Loc: Menard

☐ Transfer denied by the Facility

☐ Commissary

☐ Dietary

☐ Trust Fund

☒ Personal Property taken 11/30/17

☐ Conditions (cell conditions, cleaning supplies)

☐ Mailroom/Publications

☐ Disciplinary Report dated

☐ Assignment (job, cell)

Incident #

☒ Other TACT 40 Inmate

Based on a review of all available information, this office has determined your grievance to be:

☐ Affirmed, Warden \_\_\_\_\_ is advised to provide a written response of corrective action to this office by \_\_\_\_\_.

☐ Denied as the facility is following the procedures outlined in DR525.

☐ Denied, in accordance with DR504F, this is an administrative decision.

☐ Denied as Cell Assignment/Housing is consistent with the Department's determination of the appropriate Operational capacity of each facility.

☒ Denied, this office finds the issue was appropriately addressed by the facility Administration.

☐ Denied as procedures were followed in accordance with DR 420 for removal/denial of an offender from/for an assignment.

☐ Denied in accordance with AD05.03.103A (Monetary Compensation for Inmate Assignments)

☐ Denied, as the transfer denial by the facility on \_\_\_\_\_ was reviewed in accordance with transfer procedures and is an administrative decision.

☐ Denied as this office finds no violation of the offender's due process in accordance with DR504.80 and DR504.30. This office is reasonably satisfied the offender committed the offense cited in the report.

Other: Illinois denied claim. No indication any items were taken.

FOR THE BOARD: S. Benton

CONCURRED: John R. Baldwin

Sherry Benton

John R. Baldwin  
Acting Director

Administrative Review Board

CC: Warden, Menard

Bentz, David Correctional Center, Register No. 503210

Mission: To serve justice in Illinois and increase public safety by promoting positive change in offender behavior, operating successful reentry programs, and reducing victimization.

www.illinois.gov/doc

M/L  
EX-154  
154

ONE RADIOLOGY  
Normal, IL 61761  
Date: October 13, 2014

PATIENT: Bentz, David  
ID#: S03210  
DOB: 5/30/75  
Ordered by: Trost  
Menard Correctional Center

CERVICAL SPINE TWO VIEWS 10/10/2014

HISTORY: Neck pain. Injured in an altercation on 5/2014.

FINDINGS:

AP and lateral views were obtained.

There is good alignment.

No loss of vertebral body height is seen.

No disc space narrowing is noted.

Posterior elements appear intact.

No prevertebral swelling noted.

IMPRESSION:

No abnormality noted.

Signed J. Foss, M.D.

JF:eg  
DIC: 10/13/2014  
Films from Menard Correctional Center

M.D. Review

Date 10/22/14  
Doctor [Signature]  
Pull Chart [Signature]  
See Patient [Signature]  
File [Signature]

Received  
10-16-14

MUL  
155  
MUL  
EX-20  
1-1  
BENTZ MCC (MR) 0126

OneRadiology  
Normal, Illinois  
January 26, 2016

BENTZ, DAVID  
ID #: S03210  
DOB: 05-30-75  
Ordered by: Dr. Trost  
Menard Correctional Center

CERVICAL SPINE THREE VIEWS JANUARY 25, 2016:

HISTORY: Chronic neck pain.

Three images were performed. Comparisons are made to a prior study dated October 10, 2014. There is no fracture or acute bony abnormality. There are minimal degenerative changes with minimal hypertrophic spurring of a few levels in the cervical spine.

IMPRESSION: Minimal degenerative changes.

Signed \_\_\_\_\_

A. Cordoba, M.D.

Dic:1-26-2016

Films from Menard Correctional Center

M.D. Review:

Date: 2/2/16

Doctor:

Full Chart

See Patient

Received  
1-29-16



ONE RADIOLOGY

Normal, Illinois

June 16, 2017

PATIENT NAME: Bentz, David

NUMBER: 503210

DATE OF BIRTH: 5/30/75

Ordered by: Siddiqi

Menard Correctional Center

LUMBAR SPINE TWO VIEWS 6/15/2017

HISTORY: Lower back pain.

FINDINGS: There is significant loss of disc height at L5-S1 level suggestive of degenerative disc disease. Minor endplate changes are seen at other four segments. There is no compression fracture or subluxation.

*by*

N. Yousuf, M.D.

NY:eg

Films from Menard Correctional Center

621

M.D. Review

Date

Doctor

Pull Chart

See Patient

File

received  
6-21-17

BENTZ MCC (MR) 0128

ALL 157  
ALL 157  
ALL 157



**BOSWELL PHARMACY SERVICES**  
814-629-1397 • Fax: 814-629-7644

Reorder From: **MED-PASS** 800-438-8884

814-629-1397 • Fax: 814-629-7644

Form 8 512214R (Rev. 08/13)

**814-629-1397 • Fax: 814-629-7644**

Form # 61A2LRA (Rev. 08/13)



**BOSWELL PHARMACY SERVICES**  
814-629-1397 • Fax: 814-629-7644

Form # 612 (Rev. 02/13)

$\frac{171}{163}$        $\frac{171}{163}$   
 $\frac{171}{163}$        $\frac{171}{163}$

Form # 6102LMR (Rev. 08/13)

**814-629-1397 • Fax: 814-629-7644**

776  
164

466  
EY#23

7-8

[illegible]



State of Illinois - Department of Corrections  
Counseling Summary

NU  
06-12

IDOC #	S03210	Counseling Date	12/12/17 08:30:35:747
Offender Name	BENTZ, DAVID R.	Type	Collateral
Current Admit Date	12/10/2009	Method	Other
MSR Date		Location	MEN ASSISTANT WARDEN OF PROGRAM
HSE/GAL/CELL	NU-06-12	Staff	QUICK, SARAA., Correctional Officer

Grievance Office received grievance #8-11-17 for Staff Conduct, dated 10/10/17.

MUL  
EX #74  
1-1  
MUL  
166



State of Illinois - Department of Corrections  
Counseling Summary

NU-6-12

IDOC #	S03210	Counseling Date	12/12/17 13:04:57:327
Offender Name	BENTZ, DAVID R.	Type	Collateral
Current Admit Date	12/10/2009	Method	Other
MSR Date		Location	MEN ASSISTANT WARDEN OF PROGRAM
HSE/GAL/CELL	NU-06-12	Staff	DWIGHT, DAVID L., Office Coordinator

Your grievance, dated 10/10/17 (No. 8-11-17) regarding Medical Treatment has been received for 2nd level (Grievance Officer) review.

Print Date 12/12/2017

MUL  
EX # 75  
1-1  
MUL  
167

State of Illinois - Department of Corrections  
Counseling Summary

NU  
6-12

IDOC #	S03210	Counseling Date	12/14/17 09:46:23:800
Offender Name	BENTZ, DAVID R.	Type	Collateral
Current Admit Date	12/10/2009	Method	Other
MSR Date		Location	MEN ASSISTANT WARDEN OF PROGRAM
HSE/GAL/CELL	NU-06-12	Staff	QUICK, SARAA., Correctional Officer

Grievance Office received grievance #229-12-17 marked emergency by offender for Shakedown, dated 12/8/17.

ML  
EX# 7/2  
1-1  
ML  
168

Bruce Rauner  
Governor



John Baldwin  
Acting Director

The Illinois Department of Corrections

1301 Concordia Court, P.O. Box 19277 • Springfield, IL 62794-9277 • (217) 558-2200 TDD: (800) 526-0844

January 2, 2018

David Bentz  
Register No. S03210  
Menard Correctional Center

Dear Mr. Bentz:

This will finalize the Administrative Review Board's report dated November 16, 2017 in response to your grievance received on November 13, 2017, regarding Medical (Tx Broken Finger/Neck), which was alleged to have occurred at Menard Correctional Center.

This office had remanded the specific issues against Security Staff, back to Menard's Grievance Office to review and to provide a report of findings. Within the original review, Offender Bentz submitted a grievance dated September 2, 2017, regarding a host of alleged claims against staff and lack of medical treatment. All but the specific claims against Security Staff cited were previously addressed in our November 16, 2017 letter.

This office reviewed the amended Grievance Officer's Report (137-9-17) and subsequent recommendation dated December 19, 2017 and approval by the Chief Administrative Officer on December 22, 2017.

Based on a total review of all available information, it is the opinion of this office that the claims set forth in this grievance are unsubstantiated; therefore, this grievance is denied.

FOR THE BOARD:

*Sherry Benton*

Sherry Benton  
Administrative Review Board  
Office of Inmate Issues

CONCURRED:

*John R. Baldwin*  
John R. Baldwin  
Acting Director

cc: Warden, Menard Correctional Center  
David Bentz, Register No. S03210

ADMINISTRATIVE REVIEW BOARD

01/03/2018

I DO WISH TO MAKE ENCLOSED GRIEVANCE #137-9-17  
A PRET. CLAIM.

*David Bentz*

DAVID BENTZ

#5-03210

MUL  
EX#78  
1-1

MUL  
170

State of Illinois - Department of Corrections  
Counseling Summary

SU  
8-216

IDOC #	S03210	Counseling Date	01/22/18 11:22:57:723
Offender Name	BENTZ, DAVID R.	Type	Collateral
Current Admit Date	12/10/2009	Method	Other
MSR Date		Location	MEN ASSISTANT WARDEN OF PROGRAM
HSE/GAL/CELL	SU-08-46	Staff	QUICK, SARAA., Correctional Officer

Grievance Office received grievance #229-12-17 (2nd level review) for Shakedown, dated 12/8/17.



(HAWK COPY)

3RD TO WASHBOOK BY SU-BOX IN SEALED  
ENVELOPE ON 01/26/18

#GR # 511-18

MEMORANDUM

NECK, FINGER, HAND, THYROID,  
CLOTHING, ETC. --OTHER: DENIAL OF SERIOUS  
MEDICAL CARE AND CHRONIC  
PAIN (MR. MOLDEHAUER)  
RETALIATION

01/26/2018

(3RD) THIRD GRIEVANCE EMERGENCY GRIEVANCE TO WARDEN LASHBOOK (TO N.A.H.A.L.)

THIS GRIEVANCE IS BEING BROUGHT AGAINST JOHN AND JANE DOE, et al., PRISON RESPONDENTS, ADMINISTRATIVE, SUPERVISORY, SECURITY, MEDICAL PERSONNEL, AND OTHER PERSONNEL, OF THE ILLINOIS DEPARTMENT OF CORRECTIONS (IDOC) (TO INCLUDE THOSE CONTRACTED FOR OR BY I.D.P.C. AND WEXFORD HEALTH SERVICES AND N.P. MIKE MOLDEHAUER AND OTHER UNIDENTIFIED JOHN AND JANE DOE, et al.) WHO, IN THEIR ~~PROFESSIONAL~~ PROFESSIONAL, INDIVIDUAL OR OFFICIAL CAPACITIES DO PROMULGATE, AUTHORIZE, TRAIN, COLLUDE, ACRUISE, OR OTHERWISE DIRECT THIS GRIEVANT TO BE DEPRIVED OF MEDICAL CARE, MEDICAL CARE ACCESS, PAIN MEDICATION, AND OTHER FOR EXTENDED PERIODS OF TIME, AND/OR FOR NO REASON AT ALL, AND/OR FOR FILING GRIEVANCES OR PRISON RESPONDENTS (IN RETALIATION FOR GRIEVANCES). THIS GRIEVANCE IS BEING SUBMITTED IN CONTAMPLATION OF AND PREPARATION FOR LITIGATION ALLEGING DELIBERATE INDIFFERENCE, CRUEL AND UNSOUND PUNISHMENT, DENIAL OF PRESCRIBED PAIN MEDICATION, DENIAL OF MEDICAL CARE, RETALIATION FOR GRIEVANCES, ALLEGING VIOLATION OF STATE LAW, AND STATE AND FEDERAL CONSTITUTIONAL RIGHTS.

THIS GRIEVANCE ARISES FROM THE PRISON RESPONDENTS' DENYING THIS GRIEVANT OF MEDICAL CARE FOR CHRONIC PAIN, SERIOUS MEDICAL (CHRONIC) NEEDS FOR THIS GRIEVANTS, THYROID[S], NECK INJURY, BROKEN LEFT RING FINGER, INDEX FINGER ON LEFT HAND, RIGHT HAND ISSUES, AND CHRONIC PAIN, TROUBLE BREATHING, ~~SWALLOWING~~ SWALLOWING EATING AND OTHER WHICH ARE ALL OBVIOUS TO THE LAY PERSON, AND IN RETALIATION FOR GRIEVANT FILING GRIEVANCES ON PRISON RESPONDENTS.

AS A DIRECT RESULT OF INADEQUATE CLOTHING ~~ISSUES~~ (DESCRIBE IN PREVIOUS GRIEVANCE)

THIS GRIEVANT GOT SICK (DO TO EXTREMELY COLD WEATHER) AND SHORTLY AFTER A SERIOUS SICKNESS THIS GRIEVANT THEN GOT THE FLUE, WHERE ~~WAS~~ ~~FROM~~ FROM THE FLUE, AND SICKNESS

AS A DIRECT RESULT OF ABOVE ISSUES THIS GRIEVANTS THYROID[S] INFLAMMED DURING GRIEVANT'S ABOVE SICKNESS, CAUSING GRIEVANT TO HAVE TROUBLE SWALLOWING, EATING,

BREATHING, AND CHRONIC PAIN, INFLAMMING GRIEVANTS NECK INJURY (PREVIOUSLY GRIEVED), THIS GRIEVANT ALSO SUFFERS CHRONIC PAIN DO TO BROKEN LEFT RING FINGER, LEFT HAND INDEX FINGER, RIGHT HAND ISSUES, AND NECK ISSUES ALL CONTINUED TO BE UNTREATED.

THIS GRIEVANT HAS BEEN SICK FROM ABOUT DECEMBER 22, 2017 THROUGHOUT ABOUT JANUARY 27, 2018 WHERE THIS GRIEVANT HAS CONTINUALLY PUT IN FOR SICK CALL (COUNTLESS TIMES) ALL TO NO AVAIL.

ON JANUARY 26, 2018, THIS GRIEVANT WAS SEEN WITHIN THE SOUTH LAPPERS (SU-846) CELL HOUSE ~~FOR~~ FOR SICK CALL FOR "C" CLINIC (A COMPLETELY UNRELATED ISSUES), ~~WHERE~~

BY N.P. MIKE MOLDEHAUER, WHERE THIS GRIEVANT REQUESTED CARE FOR GRIEVANTS CHRONIC ISSUES, ~~CHRONIC PAIN~~ CHRONIC PAIN, THYROID[S] AND ALL OTHER ITS ABOVE DESCRIBED IN THIS GRIEVANCE, WHERE MOLDEHAUER ASKED GRIEVANT HOW MUCH TIME GRIEVANT HAD (2 WHEN GRIEVANT WAS GOING HOME) GRIEVANT TOLD MOLDEHAUER THAT GRIEVANT HAD

NATURAL LIFE, WHERE MOLDEHAUER STATED "I REMEMBER YOU, ~~AND~~ YOU KEEP RIGHTING GRIEVANCES ON ME" AND THEN TOLD GRIEVANT "I WILL NOT DO ANYTHING

FOR YOU BECAUSE YOU HAVE ~~FOR~~ A LIFE SENTENCE AND BECAUSE YOU WRITE GRIEVANCES ON ME YOU SHOULD HAVE THOUGHT ABOUT THAT BEFORE YOU FILED A GRIEVANCE. "MOLDEHAUER

REFUSED TO DO ANYTHING AND TOLD GRIEVANT TO SUE HIM, HE DID NOT CARE BECAUSE THERE WOULD BE NO RETALIATION. (OVER) AND A LAY MAN WOULD BELIEVE HIM

OLDER ME BECAUSE GRIEVANT IS A PRISONER.

(MUL 172)

(MUL EX #80)

1-2,

THIS IS GRIEVANT'S THIRD (3RD) GRIEVANCE TO DATE REGARDING ALL ABOVE MEDICAL ISSUES, AND COUNTLESS MEDICAL REQUEST ALL TO NO AVAIL. IT SHOULD ALSO BE NOTED THAT ANY FAILURE TO RESPOND TO ANY ABOVE ISSUE WILL BE CONSIDERED AN ADMISSION AND A DENIAL OF THIS GRIEVANCE WILL RESULT IN LITIGATION (EM)

RELIEF REQUESTED: THAT GRIEVANT RECEIVE ADEQUATE MEDICAL CARE FOR ABOVE LISTED ~~THE~~ CHRONIC/STANDING MEDICAL NEEDS AND MEDICATIONS [5]

DATE: 04/26/18



MUL MUL  
EX#80 173  
22

State of Illinois - Department of Corrections  
Counseling Summary

SU 8-46

IDOC #	S03210	Counseling Date	03/15/18 11:06:57:157
Offender Name	BENTZ, DAVID R.	Type	Collateral
Current Admit Date	12/10/2009	Method	Other
MSR Date		Location	MEN ASSISTANT WARDEN OF PROGRAM
HSE/GAL/CELL	SU-08-46	Staff	QUICK, SARA A., Correctional Officer

Grievance Officer received grievance # 511-1-18 (2nd Level Review) for medical treatment, dated 1-26-18.

MUL MUL  
EX-11-1 174  
1-1

Inmate Id:	S03210	Ret Form Ind:	
Name:	BENTZ, DAVID	Modify Ind:	
Chair Code:	SHBE	Deny Ind:	
Grv Type:	L	Favorable Ind:	
Grv Code:	MEDICAL	Deferred Ind:	
Receive Date:	01/19/2018	Moot Ind:	
Hearing Date:	00/00/0000	Grievance Number:	8-11-17
Mailing Date:	00/00/0000	Incident Number:	
Grv Loc:	MENARD CC	Incident Date:	00/00/0000
Hearing Loc:	MENARD CC	Incident Inst:	
		Date Received:	01/23/2018
Comments:	GRV# 8-11-17. GRVS NEED FOR PROPER MED TX FOR SEVERAL ISSUES INCLUDING LEFT HAND. GRV IS DATED 10/10/17.		

10/1  
175

10/1  
EX # 82  
1-1

Inmate Id:	S03210	Ret Form Ind:	
Name:	BENTZ, DAVID	Modify Ind:	
Chair Code:	SHBE	Deny Ind:	
Grv Type:	L	Favorable Ind:	
Grv Code:	MEDICAL	Deferred Ind:	
Receive Date:	11/13/2017	Moot Ind:	
Hearing Date:	00/00/0000	Grievance Number:	137-9-17
Mailing Date:	00/00/0000	Incident Number:	
Grv Loc:	MENARD CC	Incident Date:	00/00/0000
Hearing Loc:	MENARD CC	Incident Inst:	
		Date Received:	11/14/2017
Comments:	GRVS# 137-9-17. GRVS MED TX GIVEN FOR BROKEN FINGER. GRV IS DATED 9/2/17.		

MGL  
EX#53  
1-1  
MGL  
176

~~Box~~



Inmate Id:	S03210	Ret Form Ind:	
Name:	BENTZ, DAVID	Modify Ind:	
Chair Code:	SHBE	Deny Ind:	
Grv Type:	L	Favorable Ind:	
Grv Code:	MEDICAL	Deferred Ind:	
Receive Date:	11/13/2017	Moot Ind:	
Hearing Date:	00/00/0000	Grievance Number:	136-9-17
Mailing Date:	00/00/0000	Incident Number:	
Grv Loc:	MENARD CC	Incident Date:	00/00/0000
Hearing Loc:	MENARD CC	Incident Inst:	
		Date Received:	11/14/2017
Comments:	GRV 136-9-17 ON TX FOR BROKEN FINGER. GRV IS DATED 8/11/17.		

MUL  
EX#84  
i-1  
MUL  
177

ILLINOIS DEPARTMENT OF CENTRAL MANAGEMENT SERVICES  
CLASS SPECIFICATION

CORRECTIONAL OFFICER

POSITION CODE: 09675  
Effective: 12-1-02

DISTINGUISHING FEATURES OF WORK:

Under direct supervision, performs security and custodial duties in a correctional center supervising the movements, conduct, work, discipline, recreation and training of residents; controls residents from stations in cell houses, yards, towers, dormitories, dining halls, or on work details; enforces rules of conduct, security and work standards by verbal admonishments for minor deviations or by making written reports of significant violations to superiors; enforces and maintains disciplinary, safety, sanitary, security and custodial measures.

ILLUSTRATIVE EXAMPLES OF WORK:

1. Stands guard in a tower armed with firearms; patrols yards, grounds cell house or corridors, dormitories and work areas; assists in searching for fugitives, and their capture and return to the institution.
2. Escorts individuals or groups of residents to work assignments; maintains order and discipline in workshops during bathing, meals and recreation; requires residents to meet standards; keeps perpetual count on residents assigned.
3. Acts as turnkey, or as guard on gates; or guard hall duty, or in charge of visiting rooms or armory; searches residents, cells, cell houses or work locations for contraband.
4. Inspects quarters, facilities and work locations for unauthorized objects or materials; checks on sanitary conditions, fire and safety hazards, such as unsafe tools, equipment or machinery; makes reports on irregularities.
5. Issues clothes, provisions, tools and other commodities to residents; controls use and preservation of same.
6. May search visitors and supervise residents on transfers to other correctional centers and to courts; responsible for safe arrival and/or return of residents.

*A*

5-7

6-8

*ML*  
178

000066

*ML*  
*EX#55*  
1-2

## CORRECTIONAL OFFICER (Continued)

7. Performs other duties as required or assigned which are reasonably within the scope of the duties enumerated above.

## DESIRABLE REQUIREMENTS:

Education and Experience

Requires knowledge, skill and mental development equivalent to completion of four years of high school.

Requires successful completion of an approved Correctional Officer training program.

Knowledges, Skills and Abilities

Requires working knowledge and understanding of the methods and objects of discipline required to handle persons under restraints.

Requires ability to control and direct residents.

Requires ability to maintain satisfactory working relationships with others.

Requires ability to prepare reports of unusual happenings, accidents or violations of rules.

Requires ability to enforce rules, regulations and requirements of the correctional center.

Requires ability to train residents in performing required tasks.

Requires ability to train other employees for relief duty on days off, vacation, sick leave and other absences.

Requires ability to understudy and to assume duties of immediate supervisor in the event of vacation, sick leave or emergency.

Requires ability and willingness to give and follow orders.

Requires ability to remember names and faces.

Requires alertness and ability to act courageously, quickly and effectively in an emergency.

Requires ability to keep abreast of progress and study in the field of corrections, and to read books and periodicals covering new operations.

Requires ability to report fellow employees for violations of rules that could endanger the correctional center.

Requires ability to create and maintain public attitudes that reflect favorably on the institution program.

Requires ability to recognize the importance of sanitation, and to apply regulations as directed.

Requires ability to properly use firearms.

In addition to English verbal and written skills, candidates may be required to translate, speak and write a foreign language at a colloquial skill level. Some positions may require manual communication skills.

6-7

7-8

MUL  
179

000067

MUL  
EX#85  
2-2